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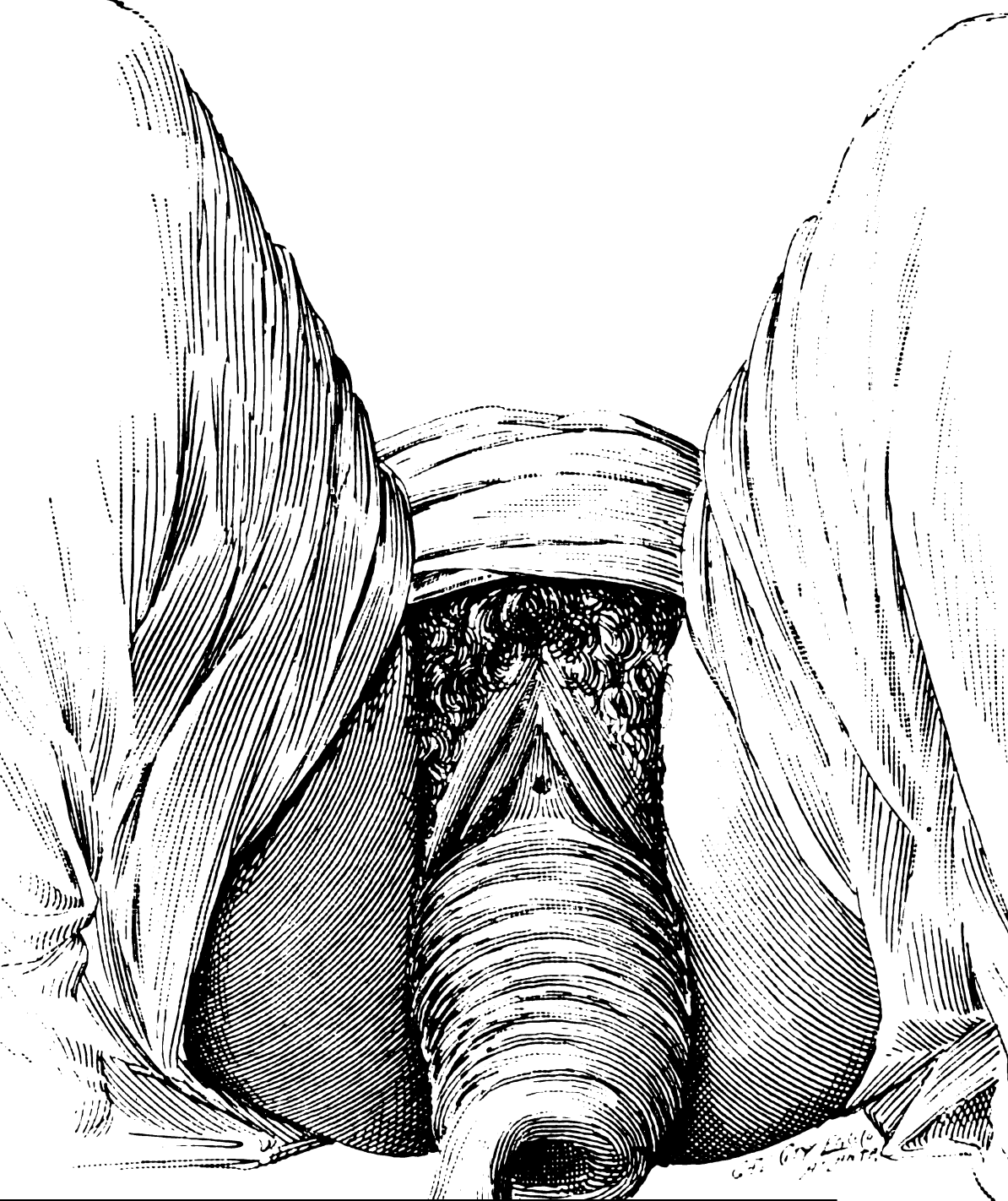
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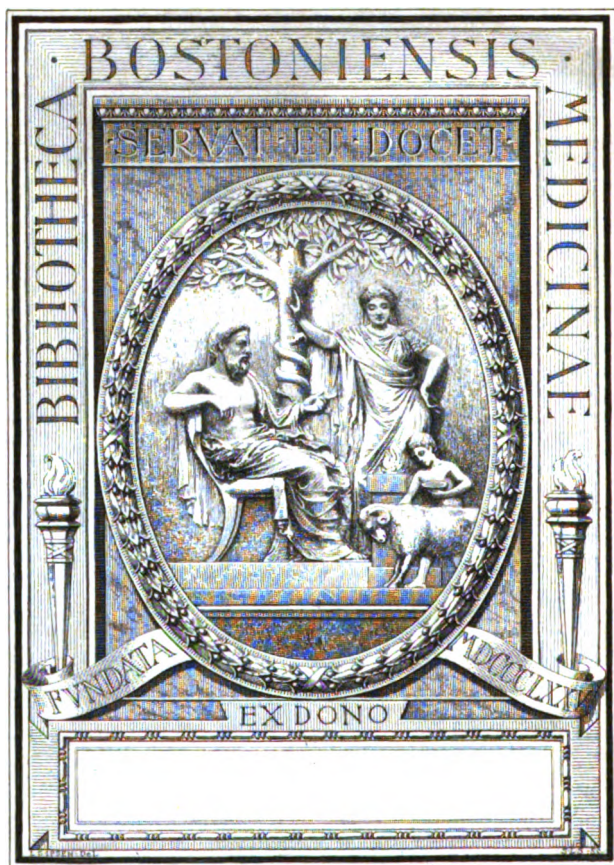
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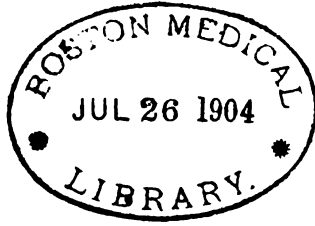
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Original Communications.

TREATMENT OF GONORRHOEA IN THE MALE.*

BY G. C. CHAPMAN, B.S., M.D.,

BIRMINGHAM, ALA.

[N presenting this subject to you to-night it is not with the idea that I may show you whereby the disease may be lessened in frequency, but that I may find out some things in the management and treatment of this most frequent of all venereal diseases, that may be of some benefit to you and your patients; for, no matter how respectable an antiquity is given to this disease in Biblical history, or how potent the power for evil has been throughout the ages, men have had gonorrhœa and will continue to be its victims so long as youth holds its roseate blushes and married men are left at home while their wives spend the summer at the health resorts; hence the important question presenting itself to every physician is: "How best to get the youthful matrimonial candidate in shape for his vows and the married man ready for his wife's homecoming?"

*Read before the Jefferson County Medical Society, November 9, 1896.

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Shall they still be left to tread the weary pathway of balsam bucu and sandalwood, and with their little syringe and bottle, frequent some secluded spot, there to inject a dose of tinc and lead? No; thanks to the searchlight of scientific investigation, Dr. Valentine, of New York, has made such treatment a thing of the past, and has shown us where we may point our patient to a pathway more truly tinged with hope, and where a more rapid restoration awaits him. I do not mean to make rude clamor at the temple doors of the past, or to cast a shadow of reflection upon the time honored and classical treatment taught us by our preceptors of this disease; for, they were honest in their convictions and teachings that the sacred precincts of the deep urethra and bladder should not and *could* not be invaded under such conditions. However, if these parts had already been invaded by gonorrhœal extension, the only means of reaching them with medicine was by the introduction of a soft rubber catheter, the irritating effect of which was more potent for harm than good; but not so to-day.

To my mind the old methods of treatment with the syringe and bottle and nauseous dose, in comparison to this method of irrigation, as explained by Dr. Valentine, is like the slow-plodding stage coach and the rapid running electric car; they both get there, but notice the difference in time. It has been my pleasure to use this method of urethral irrigation in the treatment of twenty-seven cases, with the disease from twenty-four hours to four years in duration, and in every single

instance with the most gratifying results not only to myself but also to my patients.

To those who may not be familiar with this treatment, I will in brief explain the technique that I have adopted, which is after the direction of Dr. Valentine. The method is simply to put the amount of warm water with a strength of permanganate potash wished (I usually begin at 1 to 5000), into a fountain syringe, with a blunt nozzle attached. The syringe is placed about five feet high. With my patient usually standing, the glans penis is held between the thumb and fingers of the left hand, while with the right hand the nozzle is crowded into the mouth of the urethra, and the fluid is allowed to flow. Soon the canal is distended and filled, when I remove the nozzle and let the contents escape. This manipulation is repeated until the whole amount of fluid, from a pint to a quart, has been used. Now, if my patient has a posterior gonorrhœa, or if the bladder is invaded and I wish to have these parts reached by the fluid, the syringe is elevated to about seven to nine feet. Firm pressure is then made with the nozzle in the mouth of the urethra and the fluid again allowed to flow; and as soon as the canal is distended, the patient is directed to take a deep breath, and at the same time attempt to urinate. When he does this, the fluid usually rushes into the bladder; when the bladder is filled, the nozzle is removed and the patient passes the fluid out. I usually repeat this twice at each treatment. If repeated more than two or three times it will cause a burning with an intense desire to urinate and defecate. Of course the anterior urethra should

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always be irrigated before the fluid is allowed to pass into the bladder. If possible, in acute cases, I have my patient come for his treatment twice per day, and the strength of the solution may be increased at each treatment, according to your best judgment and the effect upon the patient, beginning with 1 to 5000 and running up to 1 to 1000, and in one obstinate case under my care, I used it 1 to 350 without any disturbing effects. You should explain to your patient, that upon urinating after the first and second treatment he may expect some burning, which decreases at each treatment.

Dr. Valentine claims that this solution being used in large quantities, not only thoroughly cleanses the urethra, but also leaves the mucous membrane in a œdematous condition, which is not a fertile field for the rapid development of the gonococcus. Whatever explanation may be given to the condition and effects of the medicine upon the membrane with which it comes in contact, the results may be *relied* upon, and that is the ultimatum for which we are all eagerly seeking.

To my mind, the advantages to be gained by this method are many: For, in the first place, as a rule, the discharge is stopped in from three to five days, so that it does not worry your patient, and all are cognizant of the fact that *this* element is a potent factor for good in so far as his mental comfort is concerned, and the unpleasant feeling accompanying this condition; for, so long as there is a discharge, just so long does your patient feel that he is not nearing the ultimatum of his hopes. In the second place you CURE him much quicker

than by any other known way. In the third place you lessen the danger of stricture if there has none formed or, if already existing, it places it in far better condition for treatment; for the hydrostatic pressure opens very much the calibre of the stricture. For example, a patient came to me with a discharge and, upon examination, I found he had a stricture that would not admit a given size sound, but after being treated for a week with irrigations, this given size sound entered without any effort, thus showing conclusively that while receiving the treatment for the discharge due to the stricture, that his stricture was at the same time being benefited; and had I not used the deep irrigation I should have used the sound with extreme trepidation, owing to the amount of discharge present. Of course if there are granulations in the deep urethra, keeping up the "classic" morning drop and, upon urinating in a glass and holding to the light you find the characteristic shreds in the urine, and these do not yield to irrigation, then direct applications of nitrate of silver, and the use of the steel sound are necessary. However, under all such conditions, if a patient comes to me with the above symptoms, and with a history of a long standing case of gonorrhœa, or of *frequent* attacks, I first examine him for stricture or granulations, and finding either of these conditions present, I irrigate the entire urethra and bladder for at least a week before beginning treatment with the sound. Again, this method affords to extreme cases *comfort* that nothing yet placed before the profession has done. To illustrate my meaning, I will here report a case. A R.

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R. engineer came to my office suffering with a profuse discharge of a thick, yellow character from the penis, simulating in appearance a most violent case of gonorrhoea in the second stage, accompanied with this was a frequent desire to urinate, with bearing down and straining. Upon questioning him, he told me most positively that it had been four years since he had had an attack of gonorrhoea. He being a married man of course should be believed. But he stated that if he even took a glass of beer since that time, and sometimes without the beer at intervals of every one or two months, out would come this discharge, lasting usually about one week. Naturally, I expected to find in this man a stricture, but no where was there the slightest evidence of the least formation of a stricture, his urethra taking the largest sound without any discomfort. Every thing was wide open, but somewhere and somehow hidden in the secret folds of this man's urethra and in the delicate structure of his bladder was the *latent* gonococcus, ready at any moment with the slightest provocation to come forth to disturb and distress. And it was in this condition I found my patient; mind disturbed, heart-sick with four years effort to be cured and still far from it. He was placed upon daily irrigations of permanganate potash, filling well every part of the urethra by ballooning to its extreme endurance before allowing the fluid to enter the bladder. The discharge ceased in about three days. Improvement has been continuous from the beginning of the treatment with the exception of a few days about

two months afterwards, when he felt some symptoms of cystitis, but no discharge.

I feel confident of ultimate recovery in this extreme case by the continued use of the permanganate irrigation.

To recapitulate. You notice I have dealt almost entirely upon this method of irrigation in the treatment of gonorrhœa, simply for the reason that in a large majority of cases it is all that I find necessary for my patients. Of course, if upon urination there is great burning amounting to excessive pain, I prescribe some drug to render the urine alkaline, and if my patient cannot take his treatment but once a day, and there is a high grade of inflammation, I usually give him an injection of Fld. Ext. Hydrastis 3 to 5 to be used three times daily. This is soothing and mildly astringent, and is an auxiliary to the irrigation treatment.

Now, gentlemen, you who are familiar with this method of treating gonorrhœa I am sure are satisfied with results, and those of you who never used it, I urge you especially to test its merits, for it is, in my judgment, the great sheet anchor in this troublesome disease; for, where you can so quickly and thoroughly eradicate the disease and restore the parts to their normal functions, you lessen the danger of complications, and lessen the danger of transmitting the disease to another.

Necessarily this treatment imposes upon you more work, but your patient will always be willing to pay you a better fee, which is compensation for that extra

outlay of time and energy, outside of the fact that you have lessened his pain, lessened his trouble, lessened his annoyance, lessened his danger of complications, and lessened his danger of death.

INTUBATION IN MEMBRANOUS AND DIPHThERITIC CROUP.

By S. L. LEDBETTER, M.D.,

BIRMINGHAM, ALA.

THIS is not a discourse on the nature of the croupous membrane, or a discussion of the "Dual Theory." In the first place, it would consume too much time and space and besides I have, in a majority of cases, been unable to get cultures or have a microscopic examination. In some of the cases, where I have been able to do this, the bacillus has been found, in others not. In a case recently operated on, and where several other children in the family had been ill with sore throats and tonsillar deposits, two separate examinations of the membrane failed to show any bacilli. I had felt confident that this was a case of diphtheritic laryngitis, so had two different examinations made. So that, whether the bacillus is necessary to make a case of diphtheria I shall not argue; but of one thing I am sure, there are cases of membranous laryngitis and pharyngitis, without bacilli.

But to my subject. Several years ago I read a paper before the Alabama State Medical Association, at Huntsville, in which I reported six intubations with one recovery— $16\frac{2}{3}$. The following year I reported, at Montgomery, a total of twelve cases, two in which the

tube was not allowed to remain. Two cases recovering, $16\frac{2}{3}$ per cent., counting all. Since then I have been doing a number of operations each season, with varied success. During the fall and winter months of 1894-95 I did twelve operations with but two recoveries. I was singularly unfortunate during that season, losing several cases where I had expected success, losing my patients in ways which were avoidable under ordinary circumstances. During the season of 1895-96 I did fourteen operations with seven recoveries. This season I have so far had four operations with three recoveries.

From my case book I get the following summary statement: of fifty-three cases supposed to be membranous croup, and where I was called with a view to operating, two recovered without an operation. Tracheotomies were done in two, because of the emergency of the cases; while in two others the patients were practically dead when the tubes were introduced, and respiration could not be re-established. There was no evidence in these that they were cases of membranous croup and cannot be counted. In three other cases a secondary tracheotomy was done, but these, of course, count as intubation cases. All of these died, as did the other tracheotomies. Of the forty-seven cases of intubation, nineteen have recovered (41.3 per cent.). Of the eighteen cases operated on last season and this, so far, I have ten recoveries, or more than fifty per cent. I can hardly expect, however, to have such uniformly good results in the future as I have had in these last eighteen cases.

I have been asked by many of my friends as to how

much, if any, of the recently increased percentage of recoveries I attribute to the antitoxine treatment, but have hardly had sufficient experience to say. I have assisted in its use in nine or ten cases, of supposed diphtheria. In six of these I did intubation. Of the six intubated cases four recovered; one died suddenly about ten hours after the intubation and the administration of the serum, presumably from obstructed tube. The other case died several days after treatment from broncho pneumonia. As I did not see the case any more after the intubation, however, I cannot be sure of that.

So, while the percentage of recoveries is large, the number of cases is too small to be very valuable as statistics. I shall continue to use the antitoxine in suitable cases until its therapeutic value has been proven fictitious or real.

As you will see, I have not attempted to prove anything, but have given, in a concise way, some facts, leaving the reader to draw his own conclusions.

REPORT OF CASES IN HOSPITAL PRACTICE.

BY OSCAR DOWLING, M.D.,

RESIDENCE SURGEON, NEW ORLEANS, LA.

MRS. C. brought her son to the hospital May 3rd for examination and treatment. There was slight bulging of the left side of his face, with complete ptosis of the superior eye lid. After a careful examination the following history was recorded: N. W., 9 years; cavernous lymphangioma, involving the left orbit, temporal and zygomatic fossa. He was referred to Dr. Natas, consulting surgeon, who confirmed the

diagnosis, and replied that he would operate on May 9th. The boy was hospitalized the evening preceding the operation, and his head and neck were shaved and scrubbed with green soap and brush, followed with a wash of bichloride of mercury and then alcohol. Bichloride gauze was placed over the head and that portion of the face involved and held in place by a bandage.

The operating room is always prepared the day previous, the instruments are sterilized by boiling water, also the towels and sheets.

During the time the anesthetic is being given the operator and assistants cleanse their hands with carbolyzed water, green soap and brush, followed with alcohol and bichloride solutions.

All being in readiness, the patient was conveyed into the room and placed on the table, and Dr. Natas began by making an incision from the outer canthus of the eye to the margin of the tragus, and about midway of this incision one was made at right angles about two inches, extending over the maxillar. The flaps were dissected up and large masses of the growth enucleated. Hemorrhage was so profuse, owing to the vascularity of the parts, that it was deemed best to ligate the external carotid. After removing the growth the parts were flushed with a bichloride solution, a drainage tube inserted and the parts brought into apposition by means of the interrupted suture. Over this the usual dressing of bichloride gauze and borated cotton were placed and sustained by a roller bandage.

He suffered from nausea the entire evening and to

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alleviate this cracked ice was given freely. Twenty-four hours later he had considerable fever, and on removing the dressing the wound was full of puss. The sutures were removed, the wound thoroughly cleansed with a solution of bichloride mercury, followed with a fifty per cent. hydrogen peroxide, and as a small amount of diseased tissue was found remaining the wound was treated as an open wound and allowed to heal by granulation.

The wound healed nicely and the patient was discharged on the 10th day. July the 9th he returned for the plastic operation on his eye lid which was performed by Dr. Natas, and at the same time the cicatrix from the former operation was removed. The parts healed nicely by first intention and the boy was discharged on the 5th day, thoroughly satisfied and happy. Prior to this he had been unable to use that eye.

Among the patients visiting the clinic on the 9th day of July was Mr. J. R., complaining that his nose was abnormal. Inspection revealed a growth springing from the outer margin of the right nostril, completely occluding the breathing space and forcing the septal cartilage slightly to the left. He was forty years of age, carpet salesman, single and weighed 227 until eighteen months ago, when his health began declining. In 1892 while en route to New York he awoke one night and found his pillow stained with blood, and since then he had been troubled with frequent hemorrhages, especially when he assumed the stooping posture.

This increased until he found it necessary to give up his position, and during all this time he was treated by numbers of physicians, but to no avail.

Dr. Natas was requested to perform the operation, which he agreed to do on the 30th day of July, that being as soon as patient could arrange his affairs.

On the 29th he presented himself at the hospital and was assigned to room 14. The nose was cleansed with a saturated solution of boracic acid by means of a Success nasal syringe. Before going to the operating room he stood on the scales and tipped the beam at 150 pounds. His nose was cocainized with a five per cent. solution of hydrochlorate cocaine and the administration of the anæsthetic begun.

As quickly as possible the operator commenced by making an incision extending from the septal cartilage, lower border, to the outer border alea nasi, then upward over the course of the annula artery, midway between the superior lip and the eye. The integument and muscles were dissected up and the growth exposed, which was firmly attached to the superior maxillar. The chisel and drill were brought into use to detach the offending body, only a very small portion of the bone being removed. The tumor was large as a guinea egg, and it was remarkable that so large a growth should have remained there without disfiguring his face more than it did, for it was barely perceptible to those unacquainted with the gentleman. The wound was cleansed with the usual washes and the wing brought back into place and held in position by several sutures, after which each nostril was packed with iodoform gauze, that being placed on the left side with a view of forcing the septal cartilage back into its normal position. That on the left side was removed in twelve

hours, while that on the right remained twenty-four hours.

Forty-eight hours after the operation the sutures were removed, the wound having united. For a fortnight the nose was sprayed with a fifty per cent. solution of oxygen peroxide. The nose was washed twice daily with Scheiler's antiseptic tablets, two dissolved in half cup of tepid water and used with a Success nasal syringe. Since the operation the hemorrhages have ceased; he had regained fifty pounds when last seen and had secured a very responsible position with one of the leading carpet houses of this section at a salary of fifty dollars per week. After the operation he was given a tonic composed of arsenic, iron and quinine. Such a perfect result was obtained in this case that only the closest observer could detect the line of the incision, and even then at a short distance.

August 11th. L. C., female, colored, age 24, married, presented herself at the clinic and was examined by Dr. C. J. Landfried. He found a large sarcoma beginning in the left faucial tonsil, filling the entire half of the mouth and passing downward in the neck, of three years standing. The patient, with a note, was sent to Dr. F. W. Parham, with a request that he perform the operation. Concurring in the opinion of Dr. Landfried, Dr. Parham kindly consented to operate five days later. The woman was allowed to take a glass of sweet milk at five o'clock the day of the operation, believing that it would be digested before time to administer the anæsthetic. Sunday morning, August 16th, everything was in good shape; it was an ideal day, and all nature was happy. At the appointed hour the operator, assistants and patient were at their respective places. The usual routine of preliminaries was gone through with, when Dr. Parham began by making a trachea-

otomy, owing to the fact that he desired to plug the pharynx to prevent hemorrhage into the trachea. The tube being in place, the operator proceeded to make an incision below the angle of the jaw two and a half inches, along the anterior border of the sterno-cleido-mastoid muscle, with a second incision extending along the lower border of the jaw, the flaps were reflected and the gland exposed. An opening was made into the mouth at the anterior border of the pharynx, the operator's finger swept around the diseased mass, which was enucleated. Hemorrhage was free and twenty-four ligatures were applied. About this stage the patient began to collapse and stimulants were administered freely. Digitalis, nitro-glycerine, whiskey, seemed to do but little good, so a normal salt solution (6-10 of 1 per cent), was given through the medio-cephalic vein, and before the desired result was obtained five pints were injected. She began rallying and by the time the wound had been cleansed and the parts sutured she had sufficiently revived to make the outlook hopeful.

The dressings were applied as rapidly as possible and she was removed to her room, where she remained in a semi-comatose condition for four hours when she revived and recognized those around the room. During all this time she had been in a state of profuse perspiration, from the effects of the normal salt solution, but the administrations of stimulants were kept up at regular intervals.

I should have stated that Souchon's chloroform inhaler was used in this case and acted like a charm, the vapor of the chloroform being drawn directly into the trachea by the patient.

Sunday night she was nervous and slept but little. Early in the night she vomited and this rendered it

necessary to remove the packing from the pharynx and in this was found clots of milk. The parts were cleansed perfectly and the packing reapplied.

Monday she showed signs of improvement, the packing was removed and nourishment administered, which she took sparingly. She slept some during the day.

Tuesday morning she appeared to be progressing satisfactorily, until ten o'clock, when her temperature began to rise slightly and she manifested symptoms of approaching danger. In a short time she began to get restless and nothing would satisfy her. She coughed a colored substance through the tube and in order to keep this clean, a feather soaked in carbolized solution was passed occasionally which would cause her to cough. This practice had been kept up since the operation, but at this time was repeated often. At six P. M. she was exceedingly restless and would answer only in monosyllables; from this she passed into a comatose state and died at nine that night, from secondary shock.

October 12th. Mr. and Mrs. S., with their little son, Sammie, reached the hospital from Poplarville, Miss., accompanied by their family physician, Dr. J. Smith, for the purpose of having the child examined and operated, if necessary.

Dr. Augustus McShane, acting surgeon-in-chief, was notified and, as early as possible, visited the hospital in company with his fellow-physician and co-worker, Dr. C. J. Landfried. They found laryngoscopic examination difficult and unsatisfactory, as the patient was only twenty-three months of age. Auscultation and percussion relieved the emergency, and assured them that a foreign body was lodged in the trachea. The diagnosis was unanimous and the family physician requested to inform the parents that the child's only salvation rested in an operation, to which they readily

consented. Instructions were given the resident staff and the operating room was soon in shape. The child was given chloroform and in a little while was on the table, when Dr. McShane, in his calm and deliberate manner, made an incision about one and a half inches long through the soft tissue covering the trachea, then being guided by his finger, occasionally using a groove director, dissected down to the trachea. Dr. Landfried rendered valuable assistance and counsel, while Dr. L. E. Morris sponged and Dr. Wilkinson held the retractors. As soon as the bleeding could be checked and the clots removed the operator made the incision, beginning at the lower border of the cricoid cartilage down through the adjoining ring, through which a Delaborde's dilator was inserted. Sutures were passed through either side of the ring and the wound held open. The laryngeal probe was brought into use to produce coughing spells and about the fifth time a hard substance appeared in the opening, which was quickly caught by a pair of forceps, in the hands of the operator, and extracted. This proved to be a grain of corn, and was immediately sent to the anxious parents in the adjoining room. Dr. Landfried proceeded to suture the rings of the trachea and succeeded in bringing the parts into thorough approximation. The flesh wound required five sutures, but before tying, a drainage of iodoform gauze was placed deep in the wound to facilitate drainage and prevent emphysema.

The wound was dusted with iodoform and over this placed iodoform gauze, absorbent cotton, and held in place by a figure of eight bandage.

The following day the child's temperature was normal. Wednesday, temperature was normal, resting well. Thursday, sleeping soundly, playful, drainage removed and same dressings as before applied. Friday,

the cat-gut sutures were beginning to soften, so adhesive plasters were applied to hold the parts in position, washed with boracic acid solution and redressed as before. Saturday, doing well, so parents were permitted to return home where the child continued under the care of Dr. Smith, who discharged it October 26th, after the wound had thoroughly and satisfactorily united. The child had difficult breathing and continual coughing with occasional dispnoea, from the time the corn was drawn into the trachea, October 10th, until it was operated, and after which it had no unpleasant symptom.

Dr. A. W. deRoaldes, surgeon-in-chief and surgeon in charge of the ear, nose and throat department, has returned from his usual annual European tour.

Dr. H. D. Bruns, surgeon in charge of the eye department, has returned from his regular summer outing and resumed his duties.

Among the recent visitors of the hospital were Messrs. H. L. Holman of Ozark, Ala.; H. Hamil of Evergreen, and Knox Mullins of Troy. These young men are students of the medical department of Tulane University, and are sons of reputable physicians of the respective towns mentioned above. I have it from them that 302 have matriculated in the school just mentioned, and that the additional following young men are from Alabama: Jas. H. Kyser, Richmond; M. S. Davie, Speigner; N. H. Carpenter, Clinton; E. H. McConnico, Allenton; J. B. Letcher, Shorter; D. S. Pitts, Union Town; R. A. Thagard, Greenville; J. C. McNair, Clayton; J. W. Johnson, Clanton; R. B. Harkness, Clinton; G. W. Wilkerson, Marion; W. A. Lewis, Clio; W. B. Palmer, Archerville; S. L. Coleman, Faunsdale; J. N. McLean, Hope Hull; J. P. Merrill, Leon; R. H. Gulledge, LaFayette; E. B. Parker, Columbiana.

Society Proceedings.

**NINTH ANNUAL MEETING OF THE SOUTHERN SURGICAL
AND GYNECOLOGICAL ASSOCIATION.***

The Association was called to order in the neat, little auditorium of the Nicholson House, on Tuesday morning, at ten o'clock, by the president, E. S. Lewis, M.D., of New Orleans. About fifty members, and quite a number of Nashville and local physicians were present. Rev. J. I. Vance invoked the Divine Blessing on the members and their work.

The first paper read was by W. D. Haggard, Jr., M.D., of Nashville, its title being: "Vaginal *vs.* Abdominal Section for Pus in the Pelvis." He traced the treatment of that condition through the transitional periods of vaginal puncture, laparotomy, vaginal hysterectomy by the French, and hysterectomy by the American school. All of which have been replaced in part by vaginal incision, exploration, and evacuation of pus pockets. The abdominal method affords the best facilities for visual inspection, and safety to viscera; but the great danger was in rupture of pus collections, which may be violent and fatal in twelve hours. Sometimes the pus is innocuous, but death on the critical, third day, is too frequent. Abdominal section is preferable in tuberculosis of the ovaries and tubes, and in small unilateral pus tubes high up, but they are also removed by anterior colpotomy. Opening and draining large pelvic abscesses is an old and safe procedure. The geography of pus in the pelvis makes it extra-peritoneal. There is no risk to the patient. She will submit to it. We can change the method, but we can't change the patient. In patients so ill with sepsis that they cannot stand much surgery, evacuation and drainage of the pus becomes a life-saving procedure. Should simple pus-letting not effect cure, subsequent operation could be done with less danger than in the presence of pus. The field of vaginal section is to prevent suppuration in early cases, to anticipate it in puerperal cases, and to save life in desperate pus cases. It is simple, surgical and safe. Its application to inflammatory diseases of

*Held in Nashville, Tenn., Nov. 10, 11 and 12, 1896.

women and to pus in the pelvis is one of the greatest surgical triumphs of the age.

The discussion was opened by Dr. Joseph Taber Johnson, of Washington, D. C. In great measure he was opposed to the vaginal route, although, no doubt, in some cases there was very much to be said in its favor. The abdominal method of reaching these lesions was more convenient and applicable in most cases, especially when, as in many cases the pus extended above the brim of the pelvis, and it afforded greater advantages if other morbid condition that required surgical attention existed; furthermore, he regarded it as more safe. The vaginal method was applicable to cases in which the pus was low down, and uncomplicated, but could never be as complete as in the other. The exploratory incision, suggested by the essayist, he would endorse. Circumstances would, in many cases, determine the method. That the vaginal route was more dangerous, he cited a great number of accidents to the ureter, bladder and other viscera reported by some of the best and most skilled operators.

Dr. C. P. Noble, of Philadelphia, agreed with Dr. Johnson. Neither method had all the advantages, but if he was restricted to one would prefer the abdominal. One of the objections urged against opening the abdomen was the liability to ventral hernia. In the last four years he had operated in 397 cases, buried sutures being used, with only seven cases of hernia, one of these had an umbilical hernia prior to the operation. This objection can be rendered insignificant by the use of the buried silkworm-gut suture and care in closing the wound. So far as shock was concerned it was greater by the vaginal method. As diagnosis cannot always be perfect, when everything is brought into view by opening the abdomen, we can better determine exactly what is to be done, especially if appendicitis is the cause of the pus, or if it is a complication. He cited the liability of clamping the ureter, and the formation of vesical or bowel fistula; and that in cases of cancer, the recurrence is excessive in operations per vaginam. Large collections of pus, he admitted, could be satisfactorily treated by vaginal drainage, and in cases of peritonitis early operation by this method had its advantages.

Dr. Howard Kelly, of Baltimore, in a few brief, pointed and forcible remarks stated that in all cases of pus in the pelvis, the

woman should always be given the advantages of vaginal drainage. It is not necessary to remove the uterus to get rid of this trouble, evacuation of the pus and thorough drainage can be accomplished without so severe and non conservative a procedure. He cited cases of opening the vagina, and would urge always to drain first by the vaginal route, then, afterwards if necessary, to open the abdomen.

Dr. Lewis McMurtry, of Louisville, said that the French school of surgeons had never done well in abdominal methods, but were extremely expert in operating through the vaginal route—their dexterity amounting almost to slight of hand. This is not a new, but a revival of an old method.

Dr. J. Wesley Bovee, of Washington, D. C., was in favor of the vaginal method, but is opposed to opening in front of the uterus except in cases when the pus was in front of the uterus. One feature he would call attention to, was that in cases where there were several separate and distinct collections of pus the abdominal method was best suited and enabled the operator to be more complete and effective in his work.

Dr. R. B. Maury, of Memphis, stated that both measures are applicable. Circumstances would determine. Cited cases illustrating the advantages of the two methods.

Dr. W. E. B. Davis, of Birmingham, said that the practice of opening abscesses by the vagina is so old as not to require discussion; but the evacuation and treatment of pus tubes is something of a different nature. As to the argument that you might have hemorrhage in vaginal operations, one should always be prepared to open the abdomen, if necessary to control it, but this is not often the case. The practice of total ablation of the uterus and appendages, resorted to by French surgeons, is not always necessary. The conservatism resulting from the vaginal operation is to be commended.

The president, Dr. E. C. Lewis, of New Orleans, having been requested to state his views, said that as this subject will be considered in his Annual Address he would not discuss it at this time.

Dr. W. D. Haggard, Jr., in closing the discussion, said he felt the importance of the theme had elicited so bountiful and pregnant a discussion rather than his short paper. All were agreed on the

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propriety of the vaginal operation for huge pelvic abscesses, as a "life saving procedure." In a case of that type, at the City Hospital, a week before, he felt sure that vaginal incision would have given a chance, whereas complete ablation of uterus, and pus sacs, through the abdomen done rapidly and with safety to the other viscera, destroyed life on the third day from sepsis of rupture and peritoneal contamination. In a case done in a hovel, cited in the paper, after curettage, vaginal section revealed a tense left tube in a girl with gonorrhœa one month, and active symptoms of pain and tenderness only three days. The tube was slit, and a great quantity of serum let out. The right side was clear, but in a week became similarly affected, presented identical symptoms and was treated the same with complete success. He believed those *serous effusions to be the preceding pathological condition to pyosalpinx*. He advocated early vaginal section in these cases. Hernia and shock were not the objections to the abdominal route. It was sepsis. In the lower route the danger is nil.

The next paper was by Dr. A. M. Cartledge, of Louisville, the subject being, "Cholelithiasis, with Report of Cases." It was a very able dissertation on gall bladder surgery, in which had recently been done some most brilliant work, a most fruitful field of surgical advance in which the results had been grand. He gave a very thorough consideration of the diagnosis of biliary conditions. Jaundice and even pain were not necessary features. Physical examination was of most importance. A displaced and fixed right kidney, and homologous or heterologous growths might be misleading. His report of cases was most interesting.

Dr. J. McF. Gaston, in opening the discussion, commended the high order of the paper. He further stated that cholecystenterostomy was only necessary when there was permanent occlusion of the duct from organic changes.

Dr. J. D. S. Davis, of Birmingham, Ala., agreed with Dr. Cartledge, that in no field had there been such success accomplished as in gall bladder surgery. He called attention to the frequency of cases of biliary condition unaccompanied by jaundice. In regard to the virtues of cholecystotomy, that drainage of the gall bladder and biliary passages would almost always result after the opening the duct and removing the concretion. Cholecystotomy should be resorted to first, and then if not successful cholecystenterostomy could be performed.

Dr. Geo. Ben Johnson, of Richmond, Va.: Cholecystenterostomy should be resorted to when the stone is so impacted that it cannot be removed. Had seen the fistulous opening left after the operation of cholecystotomy closed in ten days, and had seen it remain open for as long as three months, but had never seen a case in which it had not closed satisfactorily. Had operated seven times, all successful.

Dr. W. E. B. Davis: Surgery of the gall bladder had given most excellent results, but not so as to surgery of the duct. Did not think it necessary always to suture the duct when it had been incised.

Dr. G. A. Baxter, of Chattanooga, would emphasize the frequency in which cases would occur unaccompanied by colic or jaundice. Cited cases in which there had been no pain.

Dr. Floyd W. McRae, of Atlanta, reported a case in which a calculus located in the hepatic duct, with patient intensely jaundiced.

Dr. Cartledge, in closing the discussion, doubted that any cases primarily required cholecystenterostomy, and would only resort to it when complete and unrelievable obstruction occurred. Had performed cholecystotomy in cases in which the duct was almost completely closed by stenosis from inflammatory products, that had gradually cleared up, bile again appearing in the stools from which it was previously absent. The drainage afforded by opening the gall bladder evidently had an influence in resolving and absorbing previously formed inflammatory products occluding the duct.

On motion, the Association adjourned until 2:30 P. M.

TUESDAY—AFTERNOON SESSION.

The Association was called to order at 2:45 P. M., Dr. Joseph Taber Johnson in the chair, the attendance being larger than in the morning.

Dr. J. T. Wilson, of Sherman, Texas, read a very classical and scholarly paper on "Mental Complications Following Surgical Operations." We regret that we have not space to give a full abstract of his very excellent and interesting essay. Heredity, alcohol, drug habits, sex, and other important factors were thoroughly considered.

Dr. E. C. Lewis cited the fact in his own experience of the only too frequent occurrence of mental alienation following immediately

after surgical operations, and alluded to its extreme gravity. Reported a case of laparotomy followed by incurable insanity—cases of mental alienation had occurred in lateral branches of patient's family. Another case, ovarian tumor removed in an old lady, followed by delusional insanity. He also had cases of temporary insanity that passed off after several months or weeks.

Dr. W. E. Parker, of New Orleans, had seen several cases with no history of heredity. Had seen cases in men who were the victims of alcohol; in women who were opium or cocaine users. In all operations in such victims advised that the usual amount or a slight increase should be allowed for a while after the operations, the removal or cure of the habit to be accomplished at a more appropriate time.

Dr. Cartledge had had a few cases of temporary insanity. Had a group of three cases, all succeeding removal of breast, one in a young woman who had previously suffered from puerperal mania. The etiology should be completely looked into. Most cases not due to heredity were occasioned by some organic lesion or drug habit. These should be closely enquired into in all operations of election. The previous history of the patient should be of great importance, and prognosis provided therefor.

Dr. J. D. S. Davis said that this subject was important from a medico-legal stand-point, and the profession should always be on the lookout for its occurrence, and be able to give a definite statement in regard to it. In one case coming under his observation albuminuria preceded the operation; he further believed that renal troubles had some influence in its development.

Dr. Jos. Taber Johnson (in the chair), Drs. Noble, Kelley and others briefly mentioned facts in connection with this subject of similar nature—one of the gentlemen mentioned the occurrence of eight recent cases.

Dr. Wilson, closing the discussion, did not think that it was more frequent in women than in men, only that more operations were performed on the generative organs of women than men—these organs, when diseased, being frequently accompanied by insanity. Most cases were neurotics. Had seen a few cases in men—one from simple fracture of the leg. Had suffered a great deal with it, and there was marked evidence of want of nutrition. Melancholia developed in about two weeks after the injury, lasting

three months, death resulting from coma. Another was a case of appendicitis—delusions five or six days after operation—attempt at suicide—death a week later. Two cases after perineal operations—one acute mania, the other delusional, both died. The operation in each case had done well—both showed marked evidences of mal-nutrition—death from exhaustion. He thought that ovarian operations were prone to be followed by mental alienation.

Dr. Gaston: Dr. Battey, of Georgia, removed the ovaries to cure insanity.

Dr. Wilson: Yes; but it did not always do it. He farther cited a case of fracture of the arm, non union from suppuration. After three weeks, resected ends of bone, wiring them together, re-applied plaster dressing. The patient, who was greatly opposed to the operation, did well for two days, when acute mania developed, continuing for ten days, when death ensued from coma. There was no history of heredity. In cases of alcohol or drug habit, would continue or even increase the amount per day until after complete recovery from the operation. As to the medico-legal aspect of the subject, the surgeon was no more responsible for mental alienation following an operation than he was for death.

Dr. Geo. Ben Johnson, of Richmond, Va., next read a very excellent paper on "Splitting the Capsule for Nephralgia, with Report of Cases." He stated that disease involving the capsule, pelvis or other fibrous tissues of the kidney was markedly attended by pain, while more extensive disease of the parenchymia was not. Nephralgia was not always associated with other demonstrable lesions. A too tight capsule, from atrophy of the investing membrane, or hypertrophy of the gland may result in severe and unbearable pain not due to other conditions—this pain would be relieved by splitting or incising the capsule throughout its extent, on the outer surface preferably. His report of a series of cases was exceedingly graphic, as was the simple technique of the operation—cutting down on the kidney, lifting it out of its bed, and with a small needle exploring it in every direction to ascertain the possibility of calculus, then the splitting of the capsule just as a farmer makes incisions into and through the bark of a fruit tree. The success in the cases cited was marked.

"Dr. J. Wesley Boveé: The term nephralgia is vague, and its

use has not been satisfactory. Now, here is a condition producing what is generally known as nephralgia, or pain in the kidney, that I do not know to have been previously described, and a method for its relief. Our gratitude is due to Dr. Johnson for giving us a way out of a frequent trouble.

Dr. J. D. S. Davis stated that he had no experience in the method advised, and he said that he thought that when they all went back to their homes that some kidneys would be opened up. He had a case on hand now, that urinalysis and other clinical observation could not determine what was the trouble, and he thought that after having heard the very excellent paper that he would open it.

Dr. Geo. Ben Johnson, in a few brief remarks, thanking the Association for the cordial manner in which they had received his paper, with a few brief suggestions of the details of exploring the kidney after it was reached, and the appearances presented after puncture, the projection of the blood from minute openings of a fine needle, and the welling out of the parenchymatous tissue when the kidney was incised, closed the discussion.

Dr. J. Wesley Bovee, of Washington, next read his contribution entitled, "Uretero Ureteral Anastomosis, with a Case." He alluded to the importance of repairing the ureter, rather than removing the kidney, when the former was injured. The first case of repair of the ureter was reported in 1886. Eleven cases had since been reported including the one he then graphically reported. He described four methods: Rectangular insertion of the upper into the lower portion; the transverse method in which one end was evenly sutured to the other; the end in end, in which one was inserted to the other; and his method, or the oblique, a transverse section being converted into an oblique, by slicing off a portion of the upper and lower ends, giving a larger surface of contact, and for the application of sutures. Every Abdominal surgeon should be familiar with the various modes of repair, as the accident of section of the ureter was sometimes unavoidable. It is no longer good surgery to sacrifice the kidney if the ureter is damaged. The lower part ($\frac{2}{3}$) of the ureter was extremely liable to injury in pelvic operations, and was amenable to repair. Before attempting anastomosis would be certain that the function of the kidney was not destroyed. In some cases of injury low down

would prefer vesical anastomosis. The ends of ureters should be explored by bougie when severed. Drs. Kelly and Noble briefly discussed the paper, commending the author's course, the latter reporting a case in which the ureter was injured, and the discussion was closed by Dr. Bovee, in a few remarks explanatory of details and ureteral anastomosis in general.

"The Treatment of Pregnancy and Labor, Complicated by Fibroid Tumors of the Uterus," was the title of a paper that was next read by Dr. Henry D. Fry, of Washington, C. C. The subject was presented in a very instructive and entertaining manner. The two principal points brought out were: 1. That abortion was not justifiable; and, 2. That hysterectomy or the Cæsarian section should be resorted to in preference, if delivery could not be accomplished otherwise. Fibroid tumors, even in the lower segment of the uterus, and apparently completely occluding the vaginal outlet, sometimes recede, retract, or efface themselves and permit the labor to be completed. Tumors presenting so serious a complication as to prevent delivery of the child should be relieved by hysterectomy or the Porro operation. In some cases, the tumor if low down and pediculated could be removed prior to labor, but operative measures should not be attempted prior to eighth month. The conservative tone of the paper was marked. He cited the case recently reported by Dr. Richard Douglas, of this city, in which he performed hysterectomy successfully on the third day of labor, with exceedingly unfavorable surroundings.

Dr. Coley and Dr. Kime made a few brief remarks of a conservative nature.

Dr. Kelly agreed with Dr. Fry. There was too much tendency to interfere with labor when complicated with fibroids. If the tumor is even low down it could possibly be pushed out of the way. If delivery could not be accomplished then a resort to laparotomy, and removal of child, and uterus if necessary.

Dr. W. D. Haggard, Sr., asked if one trouble to be apprehended in cases of fibroids would not be great liability to post-partum hemorrhage?

Dr. James Goggans made a few remarks of a conservative tenor.

Dr. Gaston reported a case of labor complicated by a dermoid

tumor almost occluding the vaginal canal. It was aspirated and a part of its contents, about one quart of grumous fluid removed, and subsequently refilled, and was again emptied and labor was completed.

Dr. Noble advised in such a case, incision and thorough clearing out of the cavity.

Dr. Baxter asked Dr. Fry if there was delay in removing fibroids would there not be great liability to post-partum hemorrhage?

Dr. Lewis, in an experience of over thirty-four years, had only seen two cases of fibroids in lower segment of the uterus, and these quite recently. Both cases were delivered satisfactorily, only one even requiring forceps, and there was no postpartum hemorrhage in either case. In one of the cases the fibroid entirely disappeared with the completion of involution. In some cases hysterectomy would be unavoidable.

Dr. Fry, in closing the discussion, said that the danger of post-partum hemorrhage is to be apprehended, and is one of the complications; especially so, if the placenta is attached over the region occupied by the fibroid. However, would utterly discountenance abortion as a means of treatment.

After the announcement by Dr. W. D. Haggard, Sr. that the banquet tendered the Association by the physicians of Nashville, had been arranged for 10 P. M., in the dining hall of the Nicholson House, the Association adjourned until 9:30 A. M., next day.

THE BANQUET

was served in the beautiful dining-room at the Nicholson, which was handsomely decorated. The table was in the form of a large "E", and was well filled with the distinguished visitors, prominent local members of the profession and a few prominent citizens. The floral decorations were neat and attractive. Dr. Trawick invoked the Divine blessing.

Dr. J. T. Crawford, the toastmaster, introduced John Bell Keeble, who made the formal address of welcome, and was greeted with enthusiastic cheers. Mr. Keeble was very happy in his remarks, interspersing seriousness with humor, and keeping the attention of every one to the end. He closed by bidding them welcome in the name of the medical colleges and in the name of local members of the profession.

Dr. E. S. Lewis, of New Orleans, responded in behalf of the Association in a most pleasant speech.

The following menu was then discussed in detail, being served in the delightful manner characteristic of the Nicholson and Manager Hancock :

Lynn Haven Bays		
Celery.		
Consomme Macedoine.		
Tomatoes.	Broiled Pompano, Anchovy Butter.	Spanish Olives.
Potato Croquettes.	Spring Chicken Caute, Maryland.	Rhine Wine.
	French Peas.	
	Frog Legs, in Crumbs, Remoulade.	
Asparagus.	Salmi of Blue-Wing Duck, with Mushrooms.	St. Julian.
	Cauliflower in Cream.	
	Maraschino Puch.	
	Mumm's Extra Dry.	
	Broiled Quail on Toast, Au Cress.	
	Fresh Shrimp, Mayonnaise.	
	Dressed Lettuce.	
Neapolitan Ice Cream.	Fancy Cakes.	
Mixed Nuts.	Fruits.	Layer Raisins.
Pineapple Cheese.		Crackers.
Chocolate.		Coffee.
	Chancellor.	

When ample justice had been done the substantials on the table, the following sentiments were proposed by the toastmaster and responded to in eloquent words :

"The Future of Surgery," Dr. A. M. Cartledge, of Louisville.

"The Future of Gynecology," Dr. Jos. Taber Johnson, of Washington.

"The Tennessee Centennial Exposition," John J. McCann, of Nashville.

"Our Association," Dr. W. E. B. Davis, of Birmingham.

WEDNESDAY—MORNING SESSION.

The Association was called to order by the president at 9:30 A. M., and Dr. R. R. Kime, of Atlanta, read a brief but very excellent paper on "Uterine Drainage as a Factor in the Prevention of Pelvic Inflammation," exhibiting samples of hard rubber tubes for accomplishing perfectly the desired end. He first stated that 25 per cent. of cases of pelvic inflammation were due to

abortion, and 25 per cent. more to gonorrhœa. He said there was two methods of uterine drainage for metritis, endo-metritis and septic or puerperal infection—capillary or gauze drainage and tubular or ideal drainage. Gauze did not drain the uterus, but was an obstruction. He had ten years' experience with hard rubber tubes to accomplish drainage, and it was most satisfactory. He would use the largest sized tubes that the cervix would admit.

Dr. Bovee agreed very nearly entirely with the essayist. He only used gauze drainage after curettement or the operation of trachelorrhaphy, and let it remain twenty-four hours in order to keep the os and cervix open. If gauze was left in the uterus forty-eight hours, when removed it would be followed by a flow of pus, detritus, etc. Had occasionally used an open tubular drain, but found that it caused pain. Thought that the cervix would remain open if sufficiently divulsed. He usually replaced the womb and packed with gauze anteriorly or posteriorly to maintain position if defective. The tubes exhibited will certainly keep the cervix open, but would they not permit infection from the vagina, which was extremely difficult to keep sterile?

Dr. Kelly, to some extent, approved the paper, but did not resort to artificial drainage to any great extent. He depended upon thorough divulsion to secure it, and thought it was usually sufficient. He would like to hear from Dr. Haggard, Jr., in regard to the recent practice in New York City and the Woman's Hospital.

Dr. W. D. Haggard, Jr., had never used the particular form of the tube exhibited, but had seen the Outerbridge stem tried, which would certainly keep the cervix open. He also mentioned another form of stem used at the Woman's Hospital—a spiral of metal—similar to the turnings one sees coming from cylindrical bars of iron on the lathe—those were electro-plated with gold. He also mentioned an aluminum tube used by Dr. Wylie. The effects of gauze were bad—it does not drain. He preferred to rely on divulsion, as mentioned by Dr. Kelly.

Dr. C. P. Noble, concurred with the essayist—gauze does not drain, but dams back. In the non-puerperal uterus, he depended on the organ draining itself if divulsed. Had never used the tubes exhibited by Dr. Kime—thought that as the uterus could be drained without them they were not needed. They might be a source of danger from infection by the vagina. He had used gauze temporarily in puerperal cases.

Dr. Joseph Taber Johnson emphasized the fact that gauze cannot be depended on. The tubes would be good in some cases. He endorsed some of the objections urged against them. Had used tubes of slightly different make, and found them beneficial in dysmenorrhæ and sterility. Did not think the tubes shown were large enough in post-puerperal cases or abortion.

Dr. Goggans said that divulsion accomplished for him all that was necessary.

Dr. Frye said that gauze had its value for hæmostatic purposes, but should always be removed at the end of twenty-four hours, and re-introduced, if necessary, after washing out the uterus. If you have a septic condition of the vagina or uterus, the tubes were objectionable. They would not, in his opinion, be of any service in the septic or puerperal uterus. Concurred in the remarks of Dr. Johnson in regard to their value in dysmenorrhœa and sterility.

Dr. Kline, in closing the discussion, said that he had urged the use of the tubes as a prophylactic measure; that the sizes exhibited were only for the non-puerperal uterus. Other sizes could be used—one just so large as could be readily passed through the internal os.

The following names were reported for membership by Dr. L. S. McMurtry, of the Judicial Council, and, by unanimous vote, they were elected:

Drs. C. P. Noble, Philadelphia; J. Munson Handley, Baltimore; Lomax Gwathmey, Norfolk, Va.; J. Howell Way, Waynesboro, N. C.; W. P. Matthews, Richmond, Va.; W. H. Doughty, Augusta, Ga.; W. H. Myers, Fort Wayne, Ind.; W. D. Haggard, Jr., C. R. Atchison, Paul F. Eve, J. R. Buist and C. S. Briggs, Nashville.

"Gun Shot Wounds of the Abdomen" was the title of the next paper, which was read by Dr. W. E. Parker, of New Orleans, La. The paper, he said, was very lengthy, and he would give a brief abstract of it, and briefly report a series of thirteen cases. The paper would be in the hands of the Secretary in time for publication in the Transactions. He stated that the mortality from injuries of the small intestines should not be followed by a mortality of over 70 or 75 per cent. He advocated early operation in all cases, and thorough search for perforations, and urged thorough examination by probing or opening the abdomen, in order to make diagnosis.

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Dr. Gaston could not agree with the statement regarding mortality. Ashurst gives the death-rate at 70 to 75 per cent., whether operated upon or not. Laparotomy should be made in all cases if perforations of intestines existed. The escape of fecal matter was diagnostic. He alluded to Senn's hydrogen gas test, having seen a very graphical demonstration of it by Senn, yet he believed the distention of the gas forced into the bowel would be detrimental, and advised a simpler method by irrigating the wound through a double canula, when fecal matter might be washed out. If operation is done at all it should be done early.

Dr. N. P. Dandridge, of Cincinnati, said that Dr. Parker was to be commended for so earnestly urging operation. He alluded to the necessity of early operation. Stab-wounds were less likely to penetrate the intestine, and were not so serious as gun-shot wounds, nor so likely to require operation. In cases in which he was in doubt as to the intestine being opened, he would deem it best to open the abdomen carefully to ascertain the extent of injury. Could not agree with Dr. Parker as to the mortality, but his results were commendable.

Dr. Cartledge—The paper will be accepted as the up-to date treatment, and would congratulate the author of the report on his success—six cases recovering in thirteen consecutive cases, regardless of selection. Shock was an important feature in intestinal gun-shot wounds, some being attended with great degree of shock, and in others it would scarcely be apparent. Internal hæmorrhage, which he regarded as very serious, requiring laparotomy as much so as perforation, was almost always followed by extreme shock; yet cases with quite a number of perforations would in some instances be free from it. These were the cases that walk about, even walk into your office and laughingly tell you that they had been shot. There is quite a difference between surgical shock from extreme pain, a severe wound, etc., and acute anemia; but the two together gave the greatest manifestations of shock.

Dr. A. V. L. Brokaw, of St. Louis, said that Dr. Parker's statistics were unusually good. His own, he regretted to say, had not been so good. Every case of gun-shot wound of the abdomen should be a case unto itself—whatever is done should be done quickly. Senn's diagnostic method is too slow and inconvenient for casual work. He advocated earnestly exploratory incision in all cases where there was the slightest apprehension of perforation or internal hæmorrhage.

shock, etc., etc.

Dr. W. E. B. Davis commended the excellent results reported by Dr. Parker. Emphasized the importance of early operation. Almost hopeless after thirty-eight to forty hours, although some cases may recover even with so much delay in operating. Hæmorrhage is an important question to be considered, and was a frequent cause of death. Did not approve of Senn's test.

Dr. Rhett had had three cases within the past year—two hopeless. In the other, there were six perforations of intestines, which were filled with fecal matter. He made an incision two inches long in longitudinal axis of bowel to remove accumulated feces; wounds were carefully closed, bowels moved next day. Patient recovered. Thought that it would be safer to move bowels in twenty four hours, if filled with fecal matter, rather than wait four or five days. The suturing of intestines would be stronger and less liable to give way at the earlier period.

Dr. Hunter, of Alabama, emphasized early operation if at all. Doubtful of favorable results after twelve hours.

J. D. S. Davis questioned the 75 per cent. of recoveries in perforations of small intestines in all cases. The successful cases reported had been operated on within a few hours after receipt of injury. This is the key-note of the subject, although he did not agree with Dr. Hunter, that operations within twelve hours was necessary for favorable results. Mortality would be increased by delay, but some might recover. Might have quite a number of perforations with slight symptoms. Severity of symptoms were not due to shock but to concealed hæmorrhage. Did not like Senn's test, nor the irrigation method proposed by Dr. Gaston.

Dr. F. W. McRae, of Atlanta, concurred in the idea of early operation.

Dr. Howard Kelly offered the following resolution, which was adopted without a dissenting voice:

Resolved, by the Southern Surgical and Gynecological Association, that it is the unanimous opinion of the Association that all cases of penetrating gun-shot wounds of the abdomen, giving evidence of intestinal perforation or internal hæmorrhage, early opening of the cavity, under proper procedures, was the correct method of treatment.

Dr. Parker closed the discussion with a few brief remarks elucidating the cases reported, which were not selected cases.

"The Evolution and Perfection of the Aseptic Surgical Technique," was the title of a most admirable, yet brief and pointed,

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paper, read by Dr. Lewis S. McMurtry, of Louisville. He first commenced by taking stock, as it were, of the correct antiseptic and aseptic procedures, and pointed out that occasional cases would result fatally, despite the utmost care and by the best operators. There was a loop-hole somewhere, and the point was to ascertain it and correct it. He reported two cases from two of the most careful operators, who were scrupulous in their every attention and detail, and then demonstrated the fact that the "missing link" was in the want of asepsis in the operator, some of the attendants, or the field of operations. With all our details this was occasionally overlooked.

Dr. Howard Kelly, in discussing the paper, said that antiseptics was the rule before the operation, and asepsis during the operation. We can by antiseptics sterilize instruments, dressings, etc., but for the hands of the operator and attendants, as well as the field of operation, we are limited to asepsis. Here is the loop-hole. Not enough care is taken in looking after the hands. He described methods of making the hands aseptic; not less than thirty minutes before the operation, and all the time possible prior to the operation, should be devoted to this purpose; touch nothing with your hands that has to be left in the abdomen if you can avoid it.

Dr. George B. Johnson stated that there was great danger to the patient from the surgeon and his assistants unless the greatest care was taken. Dressings and instruments can be made sterile by heat, not so the hands.

Dr. Noble, of Philadelphia, said that no subject was so important to the abdominal surgeon. He fully agreed with Dr. McMurtry, and those who had preceded him. Everything possible should be made sterile by heat and steam. Steam and boiling water were not used enough. Another fault was a mistaken economy in regard to dressings and appliances used at an operation. All dressings, sutures, etc., not used at an operation should be thrown away. Saving such things from one operation to another was a dangerous economy. Full care should be taken with the patient and field of operation; this, and the hands of the operator and assistants, was the crucial point. He advised thorough scrubbing with hot water, with suitable brush, of hands for twenty minutes, then alcohol, permanganate of potash and oxalic acid for ten minutes more. Would not see and examine patients on his operating days.

The dinner hour having arrived, the Association adjourned until 3 P. M., when the Address of the President was made the first order of business, next the Memorial Address of Dr. Richard Douglas, then the resumption of the discussion on Dr. McMurtry's paper.

WEDNESDAY—AFTERNOON SESSION.

Association was called to order shortly after 3 o'clock, Dr. J. Taber Johnson in the Chair, when the President, Dr. E. C. Lewis, delivered his annual address, in a courtly, eloquent and dignified manner. In it he combined a grand eulogium on, with an appeal for, conservatism in operations for the relief of pelvic suppuration. He commended the vaginal method of managing such cases in many instances. Uterine fibroids and their removal, both by the abdomen and vagina, were ably considered. A method of hysterectomy he described seemed as easy, under his graphic delineation, as taking one of his Louisiana oranges out of its rind. We regret, indeed, that want of space prevents a more full extract of so excellent a paper, and the jealousy of the Association in limiting the publication of the papers to the Transactions, prevented our resorting to even nefarious schemes to secure it for these pages. However, we will patiently await its publication in the regular way, when we will endeavor to give more of it to our readers.

Dr. Gaston moved that a vote of thanks be tendered the President for his excellent address; this was carried unanimously by a rising vote of all present.

The next paper was the Memorial Address of Dr. Richard Douglas, of Nashville, on the late Prof. Paul F. Eve, M.D., which was a chaste and beautiful tribute to one whom he classed as one of the South's greatest surgeons, noted for his integrity, his industry and his modesty. While not in the literal sense of the word an originator of either methods or appliances, he so practically put into use, and improved on the appliances and methods of others that he was entitled to even greater meed. He mentioned his remarkable success in lithotomy, and his abilities as a great surgeon, recognized as such at home and abroad, in America and Europe.

The discussion on Dr. McMurtry's paper was next resumed by Dr. George A. Baxter, who objected to the views announced by some of the gentlemen in their remarks during the morning's session, that the general surgeon should not attempt abdominal

work. He could see no reason why the general surgeon could not make his hands as aseptic as the gynecologist—he had the same means and it only needed a like application. Is it not a fact, said he, that the gynecologist, in dealing with the vaginal canal, cases of pus collections, and sepsis, comes more in contact with the vilest specific germs than the general surgeon? The general surgeon should be, and he believed was, more careful of the introduction of germs into the abdomen than the gynecologist. He concluded with a very witty poetical effusion that brought down the house, with both laughter and applause.

Dr. W. D. Haggard, Jr., was extremely gratified at the suggestions of Drs. McMurtry, Kelly, and others. He mentioned the sterilization of catgut by Cumol; also, R. T. Morris' method of using 2 per cent. solution of formaline. He cited one case of tetanus developing in the service of Dr. Hanks, that he thought was due to infection by catgut. He commended mechanical cleanliness, together with use of permanganate of potas. and oxalic acid.

Dr. Floyd W. McRae believed that the general surgeon could be just as clean and aseptic as the gynecologist. The latter handle daily the worst variety of subjects. One general surgeon in Atlanta had been the most successful in cases of appendicitis and gall-bladder work.

Dr. J. A. Goggans, of Alexander City, Ala., commended the paper and the remarks brought out in the discussion; he thought, however, that some were extreme in the length of time devoted to making the hands aseptic. Did not believe that the general surgeon could not in every case render himself aseptic.

Dr. McMurtry, in closing the discussion, said that his paper in substance and title did not say anything in regard to abridging the rights and privileges of the general surgeon. It was only a plea for perfect asepsis, and called attention to certain apparently minor points, on which in some instances hinged the life of the patient, as well as the success and reputation of the operator.

Dr. G. A. Baxter, of Chattanooga, exhibited, applied and described "A New Splint for Fractures of the Humerus." It combined a crutch-shaped splint, connected with a breast shield and shoulder cap, made of tin or other metal, by which the arm could be more securely held in place, and the immobility of the fragments of bone secured, and extension and counter-extension maintained.

Dr. J. McF. Gaston mentioned that a crutch-shaped splint had been exhibited at the Georgia Medical Association, six or seven years ago, and that *Hamilton's Surgery*, edition of 1860, also mentioned the use of a crutch-shaped splint with screw and ratchet for extension. The breast-shield of Dr. B.'s splint gave greater security.

Dr. Parker commended the splint for lightness and efficacy.

Dr. J. D. S. Davis—A very admirable splint and one that can be readily used by the inexperienced surgeon. He preferred the plaster-of-Paris dressing, and said there was no use for any other apparatus when the surgeon was skilled and adept in its use.

Dr. A. V. L. Brokaw commended the splint. Much of the bad surgery of to-day in fractures was due to plaster-of-Paris; it obscured the limb too much.

Dr. F. W. McRae never uses plaster-of-Paris without dread. He thanked Dr. Baxter for the appliance.

Dr. Baxter, in closing the discussion, said that he used plaster-of-Paris very extensively, but you could not depend on it for fractures of the arm, for extension. It would crumble in the axilla and over the shoulder.

"The Relation of the Tubercular Diathesis to its Local Manifestation" was the title of the next paper read by Dr. J. McFadden Gaston, of Atlanta, in which the subject was considered very elaborately and conclusively, both as regards operative measures for its relief and its possible occurrence, especially in the lymphatics. The increase of tuberculosis in the colored race was commented on.

Dr. A. M. Cartledge said that it was a large and interesting subject which had been handled in an instructive and interesting manner. In regard to operative treatment of tubercular disease, it was more difficult to eradicate than malignant disease. Operations for tubercular peritonitis, especially with serous effusion, was attended by most happy results. In regard to the increase of tuberculosis in the colored race, thought that it was becoming more common throughout the world, regardless of race.

Dr. Rhett—Tuberculosis in the negro largely attracted attention in Atlanta, and from the beneficial results obtained by use of potas. iodide, thought that possibly syphilis might be a factor. Dr. Taylor, of Atlanta, had treated a large number of cases in the negro successfully by anti-syphilitic measures. Bad hygiene and defective nutrition were important elements in the negro.

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Dr. McRae—For thirteen years had been seeing a great many cases in the colored race, many of which were treated satisfactorily by surgical procedures. Fifty per cent. of the cases coming to the Atlanta clinics were negroes. There was not much to be derived from medicine in local tuberculosis. Good diet, exercise in the open air, sunshine, and general improved hygiene, did good.

Dr. J. A. Goggans had seen quite a number of cases of local tuberculosis. Operated on a case of tubercular peritonitis last May. Made open incision, let out fluid, washed out and drained; patient up and going about apparently well.

Dr. Gaston, in a few brief remarks, recapitulating the salient points of his paper, and thanking the gentlemen for the discussion, closed.

The Association adjourned until 8:30 P. M.

WEDNESDAY—NIGHT SESSION.

The Association met at 8:45 P. M., Dr. Lewis in the Chair.

Dr. A. V. L. Brokaw, of St. Lewis, read an essay on the "Rational Treatment of Diseased Appendix by Operation." In this he took strong grounds in favor of operation, it being purely a surgical affection that could only get perfectly well with certainty by surgical procedure. The danger and great mortality were due to long deferring operation, with the expectation that nature or medicinal remedies would afford relief. Granted that this was so in some cases, yet by the expectant method a too great mortality was due.

The discussion on this paper was deferred until after the reading of the next paper, which was by Dr. J. A. Goggans, of Alexander City, Ala., and was a "Report of Cases of Appendicitis." In his remarks he said that much depended on a perfect and correct diagnosis of the exact condition as to whether medical or surgical treatment should be resorted to. It is a surgical condition, and he would operate on every case, where the diagnosis was definite, unless death was pending. First move the bowels well with mercury and soda, followed by salines; then if the symptoms persisted, would operate.

Dr. Joseph Taber Johnson agrees with the essayists that it is a surgical disease, and that the surgeon should be called in early, even to make a diagnosis. Medical treatment should largely consist in putting the patient to bed and keeping him quiet until recovery or operation. Bowels should be evacuated thoroughly

to unload impacted feces and remove germs or other septic material. The use of opium was enticing but harmful—masking the case and confusing to diagnosis. Evacuating by salines would bring about as much relief from pain as was compatible with patient's safety. In the great majority, the appendix should be removed as soon as diagnosis is made. The operation in itself does no harm, and is but slightly dangerous. The earlier the operation the safer. Before pus forms it is not dangerous, after this it is highly dangerous, until it is walled off by adhesions, when it is simply opening an abscess. The operation should be complete. In the relapsing cases the operation has been remarkably successful. Dr. Hunter McGuire had only one death in eighteen cases. The operation should be done after the subsidence of the attack—between the attacks.

Dr. Gatson asked the essayists if they had found foreign bodies in the appendix.

Dr. Goggans—No strictly foreign bodies.

Dr. Brokaw had only observed fecal masses, enteroliths, inspissated mucus.

Dr. Gaston, in one case, had found a bean, readily demonstrable; in another, a grape seed. Cases do recover without operation; cases all along the line in which we should watch and wait, but it should be done systematically. There would be difficulty in making diagnosis in females by reason of acute morbid conditions of right ovary. The great trouble was in making a correct diagnosis of the exact status of the case. Would always operate if he could determine that perforation had occurred. When the pus is walled off there is no necessity for searching for and removing the appendix—simple incision, evacuation of the pus and drainage.

Dr. F. W. McRae agreed in the main with the essayists. But every case is not always surgical, yet it may become so. Mortality of cases operated on during exacerbation of attack 17 to 18 per cent. Between the attacks, 1 7-10 per cent. In chronic relapsing cases would advise operation.

Dr. Howard Kelly—In well defined cases would operate. In repeated attacks—growing cases, would wait for the interval between attacks. Recognized the difficulty of diagnosis from ovaritis, etc.

Dr. Noble, on being called on as having had more personal experience than any one present, having undergone the operation,

said that he agreed with the writers of the papers. In frank, well-marked cases would operate as early as possible.

Dr. Baxter was in favor of early operation.

Dr. M. C. McGannon, of Nashville, did not believe that any cases of appendicitis were cured by medical treatment.

Dr. Coley, of Alabama—Cases should be operated on as early as possible. If he had appendicitis himself, he would want his friends to catch him, throw him down, and cut him, if he did not have sense enough to request the operation. His positive statement occasioned quite a degree of amusement to those present.

The Association adjourned until the next morning at 9:30 o'clock, after the announcement of a committee, consisting of Drs. Joseph Taber Johnson, W. E. Parker and J. T. Wilson, to audit the accounts of the Secretary and Treasurer.

THURSDAY—MORNING SESSION.

The Association was called to order by the President at 9:30 A. M. The first paper was by Dr. H. M. Hunter, of Union Springs, Ala., it being a report of a case of "Compound Comminuted Fracture of the Radius and Ulna, near Wrist Joint," in which the recovery was complete, with perfect use of the arm, both as regards pronation and supination. It was treated by a splint of plastic material moulded to the arm.

Dr. N. C. Dandridge said the result was admirable. Those cases were usually followed by impaired use of the arm—union of fragments of ulna and radius interfering with pronation and supination. The splint should be broad, so as not to compress the arm laterally.

Dr. Gaston said the result was very satisfactory. It was a difficult result to secure in multiple fractures of the arm.

Dr. J. D. S. Davis preferred plaster-of-Paris. The dressing should not be too thick and heavy, and should be moulded down into the interosseous space by continued manipulation until plaster hardened. Would cut the plaster as soon as it hardened—also the bandage immediately in contact with the arm.

Dr. Rhett would use ordinary splint, observing the precaution suggested by Dr. Dandridge of having the splint so broad as not to compress the arm laterally—would also use interosseous pad.

Dr. Saunders, of Fort Worth, Texas, said that plaster-of-Paris was an admirable dressing for those who were adept in its use. Others had better rely on apparatus of other kinds. One point in

the use of plaster was, as Dr. Davis had said, to cut both the plaster and bandage beneath it to prevent constriction of the limb.

Dr. Ford complimented Dr. Hunter on his result. There was great liability to ankylosis in such cases. In using plaster, cut it on both sides of the arm, forming two movable moulded splints. He placed a round stick on the outside of the plaster over interosseous space and bound it firmly down until plaster hardened.

Dr. Baxter liked plaster-of-Paris. The great fault in its use was too much plaster—only so much as would be retained in the meshes or the bandage needed—make it as light as possible. He preferred silicate of soda as being lighter, cleaner, and more elastic—its only objection being its slowness of hardening. He thought the old antero-posterior splint the best application for fractures of the forearm. One fault in treatment at lower extremity of the forearm was want of complete and thorough adjustment of fragments.

The discussion was closed by Dr. Hunter in a few brief remarks.

The Chairman of the Council, Dr. W. D. Haggard, Sr., made the following report :

Next place of meeting—St. Louis, Mo.

Chairman of Committee of Arrangements—Dr. H. H. Mudd, of St. Louis, Mo.

President—Dr. Geo. Ben Johnson, of Richmond, Va.

Vice-Presidents—Dr. F. W. McRae, of Atlanta, Ga., and Dr. W. E. Parker, of New Orleans, La.

To fill vacancy in Council by expiration of term of Dr. H. McGuire—Dr. E. C. Lewis, of New Orleans, La.

The Secretary and Treasurer hold over.

The report was unanimously adopted.

Dr. Wyatt Heflin, of Birmingham, Ala., and Dr. F. E. ShumPERT, of Shreveport, La., were elected to membership.

Dr. Johnson, the newly elected President, was conducted to the Chair, and after being introduced, he said the honor was an unexpected but a most agreeable surprise. He considered this the highest honor that could have been conferred upon him by his professional brethren. He thanked the Association.

Dr. A. V. L. Brokaw thanked the Association for selecting St. Louis as the next place of meeting, and promised them a most hearty welcome.

The Auditing Committee reported that the accounts referred to them were correct. Adopted.

Dr. N. P. Dandridge, of Cincinnati, reported a case of "Trans-

peritoneal Ligature of the External Iliac Artery for Inguinal Aneurism, with removal of the Aneurismal Sac," which was listened to with much interest.

Dr. W. E. B. Davis also reported briefly, abstract of a case of "Ligation of the Common Iliac Artery for Aneurism of the External Iliac," this paper being lengthy would be referred to Committee of Publication.

Dr. Gaston desired to know why Dr. Dandridge removed the aneurismal sac.

Dr. Parker also made a few remarks in regard to the subject.

Dr. J. D. S. Davis advised temporary compression of the main artery of the limb above the aneurism, prior to ligation, in order to develop collateral circulation.

Dr. Cartledge thought that removal of sac in femoral region liable to be attended with danger from injury of vein, etc.

Dr. Brokaw favored the removal of sac.

Dr. Ford agreed with him and Dr. Dandridge.

Dr. Dandridge, in closing the discussion, said that the blood was extravasated largely into the tissues above the aneurism, and that he was of the opinion that it would be better to incise and turn it all out. Also the removal of the sac permitted the securing of the efferent vessels on the distal side of the aneurism, or opening into it, and the cure would be more complete.

The Association then adjourned to take the cars for Belle Meade. Through the courtesy of President John W. Thomas, of the N. C. & St. L. R. R., a special train had been placed at the service of the Association, and a most enjoyable afternoon was passed, for in addition to the well-known attractions there was added on this occasion a barbecue, of the old-time Southern kind. They also visited the Centennial grounds, and many were the expressions of appreciation and prediction of an overwhelming success for this enterprise.

The magnificent thoroughbreds at Belle Meade were universally admired, and a brief glimpse of a part of the herd of deer was afforded the well pleased party.

Through the courtesy of the Wm. Gerst Brewing Company, of this city, an unlimited supply of "Pilsner" was on hand to relieve all who were thirsty.

With the banquet at the Nicholson House, the receptions of Drs. Haggard, Douglas, Maddin, and others, and the outing and barbecue at Belle Meade, it is safe to say that this meeting will long be held in pleasant memory for the "Highland Welcome" accorded the visitors to the City of Rocks.

The work of the Association was of a high order of merit, and while there was not a multiplicity of papers read, those that were read were of a most excellent character, and the discussions, of which we have given but a brief abstract, will compare most favorably with those of any scientific organization of the age.



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The State Medical Association and County Medical Societies.

Dr. B. W. Toole, president of the Medical Association of the State of Alabama, in a letter to the physicians of the State, makes many timely and important suggestions, which we hope will be read and appreciated by every doctor in the State. From his letter we take the following:

“The meeting of the Association on the third Tuesday, April 20, 1897, promises to be a very interesting one. Several features and facts will contribute to make it so. Selma is one of the most central points in

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the States of the places where the Association meets from year to year. Next year may be really considered the 'semi-centennial year' of the Association, and, also, Selma as its birth place, and the place where it was revived soon after the war when practically dead. We are assured now that there will be more than the usual number of valuable and interesting papers read; not only by the regular reporters, but, also, in the number of volunteer papers. By referring to 'The Transactions of 1896' you will see the names and subjects of the regular reporters. It is probable that a partial list of the authors of volunteer papers and their subjects will be published in the March number of THE ALABAMA MEDICAL AND SURGICAL AGE.

"Allow me to say to each County Society, as a separate corporate body, that you are a part of the legal machinery of the State, and you cannot disregard the requirements placed upon you by the law of Alabama and be blameless.

"You are required to do certain things for the good and welfare of the State. The State Medical Association is formed by the co-operation of the County Societies and is the State Board of Health and has prescribed functions and duties to perform. It meets annually to discuss measures which will best accomplish the purpose of its existence. It is therefore plainly the duty of every County Society to send delegates to this annual meeting. Allow me to insist that you faithfully comply with this legal duty and select delegates to this annual meeting. Allow me to insist that you faithfully comply with this legal duty and select delegates at your January meeting or some subsequent meeting. As delegates go as the representatives of the society, the latter should be generous enough to pay part, at least, of the expenses incurred, say one-half. Then it will be the duty of the delegate to be present

at the opening of the session, attend punctually all of its meetings, note carefully the proceedings, especially the last day, up to the hour of adjournment and then report to his society at its first regular meeting after he returns, so that the members may be advised of any important action adopted by the Association. Although the constitution of the County Society empowers the president to appoint delegates to the State Association, let me suggest that the society when in session elect delegates and alternates and at the same time by vote authorize the president to appoint delegates when he finds that the regularly elected delegates and their alternates cannot go. In this way every society ought to have and can have one delegate, at least, at the State Association.

"It is certain that the railroads will give the usual reduction in rates to those attending the meeting of the Association in Selma next April."

Pan American Medical Congress.

The second Pan-American Medical Congress, held in the City of Mexico, on the 16th, 17th, 18th and 19th of last month, created quite an unusual interest, and gave rise to unbounded hospitality and fraternal feeling. From every point of view the Congress was a success, and the opinion of the United States medical men is that the Mexicans more than maintained their unrivalled reputation for hospitality to strangers. The program was a very lengthy one, the official list consisting of 195 pages. From this an idea may be formed of the enormous variety and scope of the subjects, and the president of the Congress was Dr. Manuel Carmony Val, the vice-presidents included thirty-six

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American doctors and ninety-three Mexicans and doctors of other nationalities. The presence of six American lady physicians was an interesting feature of the Congress.

On the 16th actual work was commenced and a large number of papers were read and discussed in the various sections, dentists being included.

On the 17th another series of papers was discussed and experiments in intestinal surgery performed on a dog by Dr. Frank, of Chicago.

On the 18th the proceedings were continued and in the evening the doctors and friends were given a reception at the city hall, many prominent people being present.

The 19th finished the work and at night the Congress was formally declared closed by Minister Baranda. Speeches complimentary to Mexico were made by delegates from the various countries represented, Dr. Charles A. Reed speaking on behalf of America. On the same day the President and Mrs. Diaz entertained the visitors at the historic castle of Chapultepec. The next meeting of the Congress will be held in Caracas, Venezuela, during the year 1899.

Dr. W. E. B. Davis, of Birmingham, Ala., attended this meeting and reports having had a profitable and delightful trip.

Doctors Should be Optimists.

One of our contemporaries having eaten a good dinner on thanksgiving day went to his office and penned the following :

"We were reminded a few days ago that there must be something in this life that we should be thankful for. Probably all of us are inclined to be pessimistic at times, but there is nothing which better promotes the optimistic side of our natures than a good thanksgiving dinner and plenty of cheerful company. We find, then, that the world is beautiful, we are thankful that we have been able to relieve the sufferings of some poor mortal who has been neglected. We forget the many of our patients who contribute nothing but curses toward the support of our loved ones, and bless with all the fervor of a Methodist deacon the man who enables us to buy a turkey. Let us all become optimists for the future; it is the pleasantest attribute of human character. It is better than a handsome face or a beautiful form. It is better than wealth or fame, for it brings pleasure to you and to those with whom you come in contact. There are few human ills, few sufferings and few misfortunes, that might not be worse. If we have nothing else, then, let us be thankful that our calamities have not been greater and misfortune more frequent. From the standpoint of the optimist there is nothing so bad but there is some good in it. Let us look for the good in our enemies as well as our friends. Ignore the evil and search out the good. Be an optimist and life will be a pleasure to yourself and a comfort to the world."

One of the happiest men in our acquaintance is a member of the medical profession. He has been in the active work of his profession for many years. As he approaches that happy day (Christmas 1896) he will find that he has experienced the things of this life quite seventy years. Yet, with quick and active step, a bright and happy face, a strong, clear, vigorous and

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cultivated mind, a warm, sympathetic, big heart, he is facing the real responsibilities of his chosen profession and sees the bright and beautiful side of life. Surrounded by a host of steadfast and true friends, he brushes aside many of the obstacles which to many of his colleagues are insurmountable; has but little, if anything, to say of hard times. And, all in all, he is a happy man. The young men in the profession can make their work less tiresome by emulating such an example.

THE AGE wishes for every reader a merry Christmas.

EVERY obstetrician wants to have in his emergency case a bottle of the best ergot, because when he has occasion to use it he confidently expects to get prompt results. The most of us in our student days were impressed with the fact that our teachers used Squibb's ergot in their hospital cases and in their private practice, and that impression is in many cases an indelible one that we gain from our college professors. Granting without argument that Squibb's ergot is an unsurpassed fluid extract for internal use, it is not as suitable for subcutaneous employment as some other preparations of the drug. To be more definite we have convincing proof that Sharp & Dohme's Ergotole is more suitable for hypodermatic use, and some writers go even farther and say that it is the *most* suitable form of ergot for this method of administration. If these claims are substantiated by further clinical tests we have in this agent a most valuable addition to our list of reliable remedies.



Veratrum Viride.—In the *Journal of the American Medical Association* for December 3d, Dr. John M. Batten remarks that veratrum viride slows the heart's action and makes it feebler. It was first used by Magendie and Andral in physiological experiments in 1821. Bardsley first used it in rheumatism and dropsy in 1826. The curative effect of veratrum viride lies in its influence on the heart to retard its action in acute inflammatory diseases in which the pulsation is very much accelerated. Dr. Batten states that he has been able to produce the physiological effects of the drug in cases of inflammatory diseases with a dose of Norwood's tincture, not larger than three drops, every three hours. By this dose he has been enabled to reduce the pulse beat twenty or thirty in a minute, especially when the high pulse rate has been caused by inflammation. In inflammatory rheumatism he has had good results with this drug by keeping the pulse at or near the normal until convalescence began. In the early stages of the measles, scarlet fever, and in some cases of small-pox, it acts favorably in governing the heart's action. In typhoid fever where the heart's action is irregular, he has thought that this drug in drop doses aided in steadying it. For this purpose he has, in the treatment of typhoid fever, continued the use of the drug in drop doses until convalescence set in. In all acute inflam-

matory diseases of the chest it is an excellent remedy; in acute pneumonia, pleuro-pneumonia, and pleurisy. If in acute pneumonia the pulse can be kept at or near the normal by this drug in the stage of congestion, the author states that we may often be able to jugulate it or prevent it from entering upon the hepatization stage. Even in a sthenic case in the second stage *veratrum viride* acts well. The heart's action is lessened without loss of blood as in venesection.

Dr. Batten refers to a paper entitled, "Should we Bleed or not Bleed in Acute Pneumonia?" which was read by a gentleman before the American Medical Association in 1893. In the discussion of the paper, he says, opinions were diverse. One gentleman advocated *veratrum viride* in the treatment of acute pneumonia. He had such entire confidence in the treatment of the disease with this drug by keeping the pulse at or near the normal, that he made the bold assertion that all cases could be cut short by this mode of treatment.

Dr. Batten gives the histories of two cases, in the second of which the patient had an attack of heart failure caused by the cumulative effect of the *veratrum viride*, and he states that it is his opinion that the failure of the heart acted favorably on the course of the disease, as the turning point seemed to be established at this time. In each of the cases he enveloped the chest in an oil-silk jacket.—*New York Med. Journal.*

Puerperal Sepsis.—Dr. B. C. Hirst, in a paper published in *University Medical Magazine* for October, draws the following conclusions.

"The vagina becomes infected almost immediately after birth. In a normal condition it contains no pathogenic bacteria. It has strong germicidal powers which serve to guard a woman against infection. These

powers depend, as far as our personal knowledge goes, upon the presence of a special bacillus, and upon the products of its life process; upon the leucocytosis due to chemotactic action; upon phagocytosis; upon the germicidal powers, perhaps, of the anatomical elements of the vagina, of the cervical mucus, and of the bloody discharge during menstruation and the puerperium.

"During and after labor mechanical safe-guards of the most effective kind are furnished against infection. These are the discharge of the liquor amnii, washing out the vagina, the passage of the child's body, scrubbing the vagina out, the descent of the placenta and membranes, and the bloody discharge which follows.

"Moreover, should the vagina contain pathogenic bacteria, they are likely to be in a condition of diminished or absent virulence, in which they will not be productive of disease.

"Bearing the facts in mind, it would seem that the common practice of relying upon simple vaginal douching for disinfecting the vagina before labor, or before some gynecological manoeuvre or operation, is faulty, not to say foolish. It has been clearly demonstrated that the injection of an antiseptic fluid into the vagina will not destroy pathogenic germs there, and will rob the woman, to a certain extent, of the safeguards that nature provides for her against infection. If therefore, under certain circumstances, it is desirable to disinfect the vagina, mere douching should not be depended upon, but the vaginal mucus membrane should be thoroughly scrubbed out as well as douched, just as one would prepare the skin for an important surgical operation. It has long been my practice not to use objective antisepsis unless I see good reason for it in microscopic evidence of a pathological condition of the vagina, but to confine my efforts to subjective anti-

sepsis—that is, to the most thorough cleanliness of my hands, of my instrument, and of the hands of the attendants who came in contact with the patient. When, in consequence of some diseased condition in the vagina, it is advisable to disinfect the lower genital canal, one should proceed just as though he were about to undertake some serious gynecological operation. He should not depend, as so many general practitioners do, simply upon an antiseptic douche.

“It will appear clear, I think, to any one that these remarkable discoveries in regard to the micro-organisms present in the vagina do not in the slightest degree lessen the importance of antiseptic precautions on the part of medical or other attendants upon a patient in labor. The presence of these organisms in the vagina might possibly be used as an argument against the necessity for antiseptic precautions. For, it might be said, the vagina being already infected, it is unnecessary to observe such elaborate precautions against infecting it still more.

“But when one considers that the micro-organisms in the lower genital canal are not pathogenic at all in the vast majority of cases, and that when they are nature has diminished in many an instance their virulence, it must appear that it is incumbent upon any conscientious man not to insert in the vagina infecting bacteria which may, by their number and virulence, overcome all safeguards that nature throws about women in this condition, and may consequently be the cause of a serious and fatal disease.”—*Richmond J. Practice.*

Now is the time to renew your subscription to THE AGE.

NECROLOGICAL.

J. W. SEARS, M. D.

Dr. John W. Sears, of Birmingham, Ala., died on the 14th inst. The State-Herald of the 15th says :

"On Sunday morning at 5 o'clock, at the family residence on Twenty-first Street, between Fourth and Fifth Avenues, Dr. J. W. Sears, after a brief illness, passed away. On Wednesday night Dr. Sears was stricken with paralysis and despite the efforts of all physicians, never regained his speech. Deceased leaves a bereaved wife and daughter, Mrs. John D. Elliott.

"Deceased was one of the most prominent physicians in the State, was a staunch member of the Alabama Medical Association, and one of the organizers and first president of the Jefferson County Medical Society. He was an ardent and devoted Christian, being one of the organizers of the First Methodist Episcopal Church of this city, and was the first and last chairman of the Board of Trustees. He was also a prominent Mason.

"The remains were interred at Oak Hill Monday afternoon, the following gentlemen acting as pall bearers :

"For the Stewards and Trustees of the First Methodist Church—Dr. Sam Perry, Mr. C. P. Williamson, Dr. J. C. Dozier, William A. Walker.

"For the Jefferson County Medical Society—Dr. J. S. Gillespie, Dr. S. L. Ledbetter, Dr. E. T. Glass, and Dr. T. L. Robertson.

"At a meeting December 15 of the Jefferson County Medical Society the following preamble and resolutions were unanimously adopted by a rising vote :

"Death has taken from our number Dr. J. W. Sears, a beloved member of this society—one of the

oldest, if not the oldest, in fullness of years, of the physicians of this city.

“ ‘He had given forty-six years of his life to his chosen calling, and in that life he had magnified it.

“ ‘To his convictions of duty he was always faithful. Simple and unassuming in manner, quiet and deliberate in action, thoughtful and wise in counsel, ever genial and courteous in association, he won the respect and kindest regard of his fellow practitioners, and the warmest affection of those who sought his aid in times of sorrow and affliction.

“ ‘To many a home he has brought solace and comfort, and by many a hearth-stone he will be deeply mourned.

“ ‘His relations to his medical associates were open, frank, upright, and sincere.

“ ‘He followed no tortuous ways, but, true to his own convictions of right, walked without guide or self-seeking.

“ ‘We mourn his exemplary life, for in the church, the society, in the community, and, more than all, in his home, he will be sadly missed. Therefore, be it

“ ‘*Resolved*, By the Jefferson County Medical Society, in view of this bereavement, we extend to his widow and the family our assurances of deepest and most kindly sympathy in their great loss, and in the shadow that has come over the home. Be it further

“ ‘*Resolved*, That these resolutions be incorporated in our minutes, and that a copy of the same be sent by our secretary to the family, and to the ALABAMA MEDICAL AND SURGICAL AGE and our daily papers, with a request for their publication.’ ”

Editorial and Miscellaneous Notes.

DR. GOLDSBY KING, of Selma, has opened a private sanitarium.

OUR readers will find something of special interest in the advertising departments.

DRS. DAVIS & DAVIS, of Birmingham, have added eight new rooms to their infirmary.

WE ask especial attention to the announcement, in this issue, of the New Orleans Polyclinic.

DR. N. L. CLARK, of Meridian, Miss., one of our collaborators, has been on the sick list during the past few weeks.

WE would be glad to hear from any physician who expects to attend the New York Polyclinic this winter or next spring.

DR. CASON, of Ashville, one of St. Clair County's best doctors, and a good friend of THE AGE, was in our city a few week's ago.

WE respectfully request every one who may be due any thing on subscription to remember us (THE AGE) kindly and send us a remittance before the 1st of January, 1897.

DR. BENJ. J. BALDWIN, of Montgomery, Ala, who has been on an extensive trip to Europe, has resumed his practice, and will give special attention to surgical treatment of the eye.

DOCTOR.—If you will fill out the blank on their advertising page and send it to Kutnow Bros., 52-54

Lafayette Place, New York, they will send you a sample of their preparations free of charge.

IT IS said that if physicians were as courteous and considerate of each other as they are of their good-paying patients, that the medical profession would indeed be a great brotherhood.

DOCTOR.—If you are a friend to THE AGE, and want to see it improved and become more and more useful, and really would like to do a good thing, and make the editor happy, why just send us a remittance on subscription and renew for 1897.

DR. J. H. ISON, of Weavers, Calhoun County, has been contemplating the question of moving to Marshall County, but has recently decided to remain at Weavers. The doctor has many friends at Weavers and in Calhoun County, who are glad to have him remain.

DR. GEO. A. NOBLE, president of the Medical Association of Georgia, and one of the prominent young physicians of Atlanta, was recently in our city on a visit to his parents. He has many friends in Anniston who are always glad to see him.

DR. HEACOCK, of Alpine, Ala., President of the Talladega County Medical Society, called to see us a few weeks since. The good doctor paid his subscription to THE AGE, had many good things to say for the physicians of his county, and of the profession of the State, and last, but not least, wished this journal a big lot of prosperity.

W. A. WARD, M.D., New Edinburg, Ark., says: I have used Aletris Cordial in threatened miscarriage, in

The Alabama Medical ^{and} Surgical Age.

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Original Communications.

SURGICAL TREATMENT OF HYPERTROPHY OF THE PROSTATE GLAND.

By H. M. HUNTER, M. D.,

UNION SPRINGS, ALA.

Read before the Bullock County Medical Society.

IT is said that one man out of every ten over fifty years of age has an enlarged prostate gland, and out of this number one of three suffers from the symptoms of obstruction more or less severely. Some of them lead a life of half-life and half-death by what is known as the catheter life, and to be just and fair some of them manage by strict attention to great cleanliness and some asepsis to live with a degree of comfort, but the stern fact confronts us that the very great majority of these poor sufferers need surgical relief long before they seek it. If the kidneys are not badly diseased the bladder always is and frequently complicates other organs. It is my opinion that excessive venery, and more frequently the destructive results of a long past gonorrhoea, materially increase even this

large number of sufferers who appeal to us for cure or relief.

Some surgeons advise no surgical relief at all as long as micturition can take place, others advocate the continuous use of the catheter as long as it is possible to do so.

But it is a surgical affection after all, and I believe in that wise and scientific step of utilizing a remedy before that remedy is past affording relief.

No one can say that a catheter introduced day after day is not very apt to produce infection, and yet the strange fact confronts us that human nature seeks every fallacy of medical cure before offering the physical organism to the mercy of the radical cure of the knife.

This instinctive clinging to evasive hope brings to a surgeon many a case of diseased kidney which finds relief only in the grave, and at best can present themselves with necessary complications years of suffering must bring to pass. I am not to describe this gland, nor its variety of enlargements in this paper, but merely to outline the brief surgical relief for such condition.

But in this catheter life there is another danger besides infection, and that is the socculation of the bladder just behind the prostate that the catheter fails to drain out, and it becomes ammoniacal and a source of severe cystitis. Inasmuch then, as I am to dwell upon those cases which need and seek surgical relief, I shall mention the different operative measures that have been adopted for the relief and cure of this unfortunate condition, and then speak more in detail of those which have proven themselves to be the most successful as to

life and usefulness. It is well for a surgeon to know all of the operations devised for the relief of an enlarged prostate, for some peculiar or rare complication might be present in some case to exclude those generally considered the best.

There has been performed simultaneous ligation of both internal iliac (known as Biers' operation); prostatectomy through the perineum; perineal drainage; suprapubic cystotomy with permanent fistula, as I did once myself in a man eighty-two years of age in a desperate condition; prostatectomy by the suprapubic route; castration, and ligation or resection of the vasa deferens. Now then, when an operation is imperative, either for relief or to preserve life, it behooves us to decide which particular operation offers our patient the best chance for his life, and at the same time secure for him the greatest amount of relief.

Any operation that will accomplish this in any particular case is, of course, the best operation. Without some complications which would contra indicate it, that operation which is performed upon the greatest number of patients with the least number of deaths is the best operation. The mortality rate of a large series of cases operated on, points plainly to every surgeon the operation to perform. Dr. Cabot, in a paper recently read before the New York Surgical Association, states that Prof. White, in 1893, gave as a result from all the cases he could obtain of suprapubic prostatectomy a mortality of 14.9. It is therefore the safest operation so far as life is concerned. Besides it is the surest in giving a perfect cure, and should a stone or bladder growth be

present this can be removed at the same time without any material mortality. This operation is especially indicated in fibroid enlargement and in enlargements of the lateral lobes, a class of prostatic troubles that comprises by far the largest per cent. with which we have to contend. Some surgeons do this operation and drain perineum, but since the drainage by the suprapubic route has become so perfected this method is almost abandoned.

There are a few very desperate cases in which the bladder is punctured and drained through the perineum; or better, a suprapubic cystotomy with permanent fistula; but these are extreme cases of emergency and suppression of urine.

This operation of suprapubic prostatectomy undoubtedly takes first rank as Dr. Roderick McLearn stated in his address on surgery at the last British Medical Association.

The next best operation is double castration, which was first done by Dr. Ramm, then of Christianna, now of Tromsø; but the credit of placing it upon a scientific basis and establishing the relations that exist between the testicles and the prostate belongs to Prof. White of Philadelphia. He has collected about two hundred and three cases with a mortality of 19.4. This operation is adopted to an enlarged soft middle lobe and in those patients where the testicles remain as ornaments only. There have been some grave mental disturbances following this operation. Sir Henry Thompson advocated this operation at the last meeting of the British Medical Association, and so did Dr. Reginald Harrison.

There have been a few cases who have died from some profound impression upon the nutrition after this operation. It seems destined to be a very useful operation in a certain class of cases.

Resection or ligation of the vasa deferens, first proposed by Mears, and first performed by Dr. Tilden Brown of New York, will rank as third in the list of operations. Mr. Reginald Harrison spoke very favorably of this operation and reported a number of successful cases, as did Dr. Guyon and others.

There are some who still claim to be skeptical in regard to the success of castration, but the results speak for themselves.

I will add though, that in spite of a decreased rate of mortality in both suprapubic prostatectomy and castration, occasionally a patient seems to play out in the latter operation seemingly in accordance with the theory of Brown Sequard, that in some as yet unknown way the testicles exert some bearing upon the general nutrition or vitality of the system as a whole.

NOTES FROM LECTURE TO CLASS IN CLINICAL MEDICINE
IN THE MEDICAL COLLEGE OF ALABAMA.

BY PROF. H. A. MOODY, M. D.

GENTLEMEN:—It is very important for you to form habits of systematic observation in order to reach accurate diagnoses. If you allow your attention to stray irregularly over the features of a case you will be apt to overlook or forget some important point that may be the key to the problem. Your examinations should be so conducted that the subjective points

will suggest objective possibilities. In other words, the information afforded by the statements of the patient and his attendants should first be elicited and its suggestions remembered when you are seeking the information that can be secured through your own observation. I am going to suggest to you a schedule of questions and observations, which you will find very useful. I do not mean that these are all the questions, nor all the observations necessary. But they will lead to investigation in every direction. Neither do I mean that all these points should be observed in every case. They should, however, be borne in mind; and when once thought of by the observer will be used or omitted, according to circumstances. First, the following questions, with those that will be suggested by the answers, will constitute a very good *subjective* examination. They are as follows:

1. How long have you been sick?
2. How were you taken?
3. What time of the day was it?
4. Did you have a chill, or rise of fever?
5. Did you have any pain, and where?
6. How long did it (pain, chill, fever,) last?
7. Did they return or get worse at any regular hour?
8. Ask about urine, bowels, skin and appetite.
9. Ask about restlessness and ability to sleep.
10. If proper ask patient and attendants concerning supposed causes of attack.

The *objective* examination may be conveniently conducted in the following order:

1. Notice expression of countenance.

2. Complexion.
3. Eyes yellow, red or pale sclerotic, pupils contracted, expanded or unequal.
4. Tongue.
5. Position assumed.
6. Skin yellow, red, livid, pale, cool, warm, hot, dry, moist, &c.
7. Pulse.
8. Capillary circulation.
9. Temperature.
10. Intellect.

A word or two concerning each of these twenty points will not be out of place. We have not the time to consider many of their bearings, but one or two illustrations of the usefulness of each will demonstrate my object. To begin with the first. How long have you been sick? The answer may give you a hint whether to seek for chronic or acute disorder. For instance, if a patient applies for relief from a troublesome cough and says he has had it six months, you will seek for a different source from that of a cough only six days old. Or in the case of a periodical rise and fall of temperature, dating back a week or two in spite of calomel and quinine, you will draw an inference very unlike the one drawn from a history of the same fever that first appeared only twenty-four hours ago.

The second. "How were you taken?" Needs no illustration.

The third, concerning the time of the day, sometimes elicits useful diagnostic information. Some painful affections appear with the rising of the sun and subside

with the daylight. Some appear only when the patient is warm in bed, and the hour of such an attack is of diagnostic importance.

The fourth question is intended to afford a definite idea of the mode of attack, which is frequently of diagnostic importance. Thus the severity and duration of the initial chill of pneumonia is significant of the gravity of the attack and the extent of the invasion.

Fifth. Was there any pain, and where? The pain, as you may readily suppose, is *generally* located in or near the affected area, and is therefore a valuable though not infallible indication of the locality of the disease.

Sixth. The duration of the chill, fever or pain is often indicative of the character and intensity of the disease.

Seventh, periodicity. It is sometimes a matter of difficulty to learn from unintelligent patients whether their ailments are characterized by periodicity. The process of questioning required often reminds me of pumping water from a deep well. The patient is over-anxious to enlighten you, and consequently is liable to impart an erroneous impression. "Doctor—Do you feel worse in the morning or in the evening?" is a question that will often elicit the facts.

Eighth. Questions concerning secretions and appetite refer to how many times the bowels move in twenty-four hours; what is the consistency and color of the stools; whether they are watery, or mucous, or bloody, and if they are painful. If painful, whether the pain

is of a griping character located in the bowel, or of a straining character situated in the rectum. Also the frequency, amount and color of the urinary discharge, and the absence or presence of free perspiration. Questions concerning the appetite should embrace not only the quantity, but also the character of food most relished, and also should ascertain the degree of thirst experienced.

Ninth. The ability or inability to sleep is often an indication both for diagnosis and treatment, and should never be neglected.

Tenth. This question is a sort of drag net that sometimes brings unexpected and important facts to the surface.

The list of *objective* points is equally important, and far more to be relied upon.

The first point, the expression of the face, is very important. An anxious, hopeless look indicates grave invasion. A placid, indifferent expression, showing no interest in self or surroundings is also of grave import. On the other hand an alert, cheerful, intelligent expression is most reassuring.

Second. The complexion may be very suggestive. It may be yellow from jaundice or uraemia. It may be flushed from fever, or from opium, or from other causes. It may be pale, perhaps with crimson spots on the cheeks. It may be livid or purple. Each hue is very significant.

Third. The eye affords many indications. The sclerotic coat may be bluish white, or reddish, or yellow. The pupils may be dilated or contracted, or one

may be larger than the other. The organ may be prominent or sunken. The lids may be strained wide open, or kept half-closed, or wholly so. From each condition a hint of some possibility is to be gained.

Fourth. The tongue and its indications have been too often mentioned to require further reference here.

Fifth. The position preferred by the patient is sometimes very significant; as in meningitis or in peritonitis, or in certain affections of the heart.

Sixth. The touch learns much by contact with the patients' skin. It shows whether it is cold, or warm, or hot, or moist, or dry, or tense, or relaxed, and also, which is very important, whether the extremities are much cooler than the body.

Seventh. The indications of the pulse are very significant. You should observe its frequency, counting for not less than a minute. Notice if it is irregular, and whether it is large or small, hard or soft, short or long of wave, or gaseous in feeling. The word gaseous is intended to describe a very peculiar sensation sometimes imparted by the radial pulse to the touch of the observer. I have particularly noticed it in cases of cerebro-spinal meningitis, and once felt it will never be forgotten.

Eighth. Note condition of the capillary circulation. This is most conveniently observed under the finger-nails. Press your thumb firmly upon the surface of one of the patient's nails a moment and you will expel the blood from the subjacent capillaries, so that the nail will cease to be pink and will look white. Then remove your pressure. If the capillary circulation is nor-

mal the blood will flash back again in a wave of pink. The slower the return of the wave the more sluggish is the capillary circulation, and the more imperative is the necessity for your interference.

Ninth. The temperature has been so much written and talked about that there is more danger of your paying too much than too little attention to it. The physician who depends upon its records to the neglect of other means of information would do better work if he had never seen a thermometer. Yet its indications are very valuable, and should never be neglected, any more than they should be allowed to outweigh older and more thorough methods of investigation.

Tenth. Throughout this process of systematic observation your attention should be on the alert to note any modification of the patient's thoughts or expression. Disturbances of the intelligence are often very significant.

Finally, after having satisfied yourself concerning these twenty points of investigation, you are prepared to begin your exploration of individual organs; and you will possess the advantage of having some idea of what to look for. Your auscultation, percussion, palpation, and inspection will be more intelligently directed, and your test tube and microscope more intelligently employed. You have doubtless perceived that I have avoided any interpretation of the various indications observed.

Those interpretations we will endeavor to learn as they are illustrated by the various cases presented for your inspection. The lesson of to-day is simply intended to demonstrate the convenience and usefulness of system in your observations.



CORRESPONDENCE

NEW ORLEANS LETTER.

BY OSCAR DOWLING, M. D.

To Alabama Medical and Surgical Age:

In the southern portion of this city, where every breath of air is as pure and clear as the vaulted arch of bright, cloudless skies above, impregnated with life and health in a neat little cottage reside father, mother and three young children. Wednesday, November 18th, as the evening shadows deepened, chasing each other from east to west, a little lassie of three summers chased her brother, but one year her senior, around the room. During the rounds of merriment Madeline swallowed a ground-pea while laughing. She was instantly seized with a violent paroxysm of coughing, followed by difficult breathing. The family physician was summoned and administered palliative remedies and the child seemed to rest easily. An anxious mother guarded the young daughter through the long hours of the night until early morning when old "Sol" appeared and sent forth his golden rays with sunshine and happiness, and all the world seemed pleased while the roar of carriage-wheels was reverberated in the distance. In due time

father, mother and Madeline were comfortably seated in a street car, and as rapidly as possible they flew on tracks of steel until the hospital was reached. It was an early hour when I saw the tender and submissive patient, and immediately diagnosed the case as "a foreign body in the trachea." All parties were made as comfortable as possible until the examining surgeon arrived; first of whom was Dr. C. J. Landfried, and after an examination entered the case as white female, age three years, foreign body in the trachea. A few moments later, Dr. Augustus McShane, acting surgeon-in-chief, appeared, and after examination confirmed the diagnosis. The larynx was found to be irritated and sub-glottic oedema complicated the trouble.

The voice was altered in character, stridulous, and there was tenderness of the larynx on manipulation. The conditions were such as to render immediate action imperative, else in a short time the child would die from asphyxia. The breathing was rapidly growing laborious, accompanied by a marked rise in temperature.

Little time intervened before she was placed on the operating table, disinfected and anæsthetized. Dr. McShane made an incision, about two inches long through the soft parts, his finger acting as his guide, and dissected down to the thyroid gland, which was ligated and divided. The rings of the trachea were then exposed and an incision made through the lower border of the cricoid cartilage and two rings, parallel with the nail of the left index finger, which was in the wound.

Through this opening was placed a Delaborde's dilater after which the child coughed and out came a ground-pea. The sub-glottic oedema was found to be so extensive that it required the use of a small trachea tube to prevent suffocation. The tube remained four days before the swelling subsided sufficiently to allow free respiration. The tube was cleansed every few hours and kept covered with a moist carbolized gauze. Patient was assigned to room No. 17, which was kept warm and supplied with a moist atmosphere. The day following the operation patient was cheerful and temperature had declined two degrees, the thermometer registering 100. Friday evening temperature was normal and child was playful. Monday the oedema had subsided sufficiently to permit of the removal of the tube and the parts were left to heal by granulation. A thick dressing of iodoform gauze, ten per cent., was placed over the wound and retained by means of rubber bandage. The dressings were changed every three days for a fortnight, when the patient was discharged, cured. This is the fourth successful tracheotomy in which I have assisted during the past eight months, and I am happy to state that all have made perfect recoveries.

At the last meeting of the Executive Committee the same staff of Assistant Surgeons and Clinical Assistants were re-elected. The newly elected resident surgeons are Dr. Lola D. Clark, of Iowa City; Dr. Benjamin Dabney, of Bonham, Texas, and Dr. A. H. Butler, of Opelousas, La.

Dr. Oscar Wilkinson, recently resigned as resident surgeon on account of failing health. He has located in El Paso, Texas, where he proposes to practice medicine; limiting his work to diseases of the eye, ear, nose and throat. Dr. Wilkinson is an experienced surgeon, a splendid diagnostician and a competent practitioner. He is a man of depth and solidity of character; a loyal friend, an excellent citizen and a thorough gentleman.

Dr. J. E. Morris, who has served in the capacity of resident surgeon and clinical assistant during the past eight months will return to his home, Crowley, La., on the 24th, and resume the practice of medicine, also confining his work to diseases affecting the organs of special sense, as treated in this institution. Dr. Morris has long since established for himself an enviable reputation throughout West Louisiana as an able and conservative surgeon.

Through the courtesy of Hon. C. C. Cordill, the well known representative of the Fifth Senatorial District, the eye, ear, nose and throat hospital was last week the recipient of a valuable gift in the shape of a copy of the Burdett's celebrated work on Hospitals and Asylums of the World and his series of Hospital Annuals.

This unique and costly edition composed of four quarto volumes with a large portfolio of plans of British, Colonial, American and Foreign Hospitals, convalescent institutions, nurses' homes and medical school buildings was on exhibition last year at the meeting of the British Laryngological Society in London.

The attention of Dr. de Roaldes, who was then a guest

of honor and delegate of the American Laryngological Association, was attracted to this splendid work and its great usefulness to hospital authorities as well as architects and builders.

In view of the fact that this publication has found its way into very few libraries in the North and none in the South, Senator Cordill was approached on the subject and through his liberality the hospital owns this desirable set of books.

It is useless to say that the donor as well as the trustees will hold this important publication at the disposition of any director, surgeon, or architect who, in view of building or making alterations, would find it useful to consult this valuable work.

THE most frequent forms of diseases of the eye are those located in the mucous membrane of the eyelids, (conjunctiva). When left alone they are not only a fruitful source of annoyance and suffering, but they often endanger the existence and usefulness of the eye as an organ of sight. The frequency of these external affections of the eye has made their treatment one of the richest mines for quacks from the oldest times. All practitioners of medicine being called upon to treat these diseases, especially those in the country, recognize from the formula of palpebrine a product of no untried remedies, but entirely reliable in the treatment of external eye diseases. The Dios Chemical Co., of St. Louis, Mo., will mail free sample and literature on application.

Selected Articles.

EVOLUTION OF GIRLS.*

BY HARRIET E. GARRISON, M. D.,

DIXON, ILLINOIS.

The question whether man has ascended from the monkey or descended from "a little lower than the angels" does not matter in the present discussion; also whether women have passed to a higher or lower plane in the evolution of our higher woman, whether it is a higher sphere to wield the keen, logical brain of a Maria Mitchell or to be the mother of a host of well trained sons, as Cornelia, is not pertinent to the present subject, for the reason that popular opinion, before which we all fall prostrate, says woman's brain, whatever its capacity, must be made to hold a certain amount of book-lore which we call an education. Sometimes when we have this erudition applied we think, with the poet: "Knowledge comes, but wisdom lingers."

"Go on to perfection" is the motto written above every scientific laboratory door; and one of the most weighty problems for the scientists now to solve is: How can the little tiny mite of brain-force, which has just given its first feeble wail of protest against the tremendous activity of the nineteenth century, be evolved into the vast intellect which she must have when she becomes a higher woman, with the least loss of nerve force?

*Read in the Section on Diseases of Children, at the Forty-seventh Annual Meeting of the American Medical Association, held at Atlanta, Ga., May 6-8, 1896.

The majority of our women are the victims of nerve-exhaustion. How can it be prevented? If child nurses can only be taught to watch the promptings of nature and assist her in her work the task of developing infancy into perfect womanhood would be a comparatively easy one. But the mother usually wastes all her nerve-energy in useless repining from the time that she believes a new spark of life has been kindled until the anguish she dreads has been endured, or she is spending it in a vain effort to have a perfect child. One of our very highest women, a university graduate, said to me when I called to prescribe for her three-weeks-old baby: "I was so anxious to have my child well born that I studied and practiced every detail of diet and mental gymnastics laid down in tokology and several kindred works, but I almost died when baby was born, and here he is, as you see, continually unhappy. He has been fed at the breast under the guidance of a trained nurse recommended by my physician, and her regimen has been very exacting. The only time the child seems comfortable is when he is disrobed for his bath, although the clothes have been made and are worn according to the directions sent out by one of the largest sanitariums in the country." "Well, my dear madam," I replied, "you were so anxious to have your child well born that he has gone clear back to the state of primeval innocence of the Garden of Eden. If you had rested your brain by pleasant reading, eaten what was wholesome and nourishing in reasonable quantities at accustomed times, and then allowed nature to care for it without spoiling her work by torturing yourself with

imagining that the food would injure you or your child and had kept your physique in good condition by light, agreeable exercise, most of it taken in the open air, or, as a resume, taken life easy and trusted in Providence, you might have stored up sufficient nerve-force to have made your labor more easy and your child would certainly have been in as good condition as he is now; and my experince says he would have been in a better condition than he now is."

The purpose of this article is not to call attention to the clothing and diet necessary to develop healthy girls, but to point out some of the things which have been overlooked in their evolution.

We will now glance at some of nature's indications for development. The cells which control the higher attributes are located in the anterior lobes of the brain, while those which control the animal functions of the digestion and motion are in the posterior or central part. The natural mechanism of labor compresses the anterior lobes into the smallest possible space, while the other lobes undergo less pressure. This is made possible by the largeness of the anterior fontanelle as compared with the posterior. In this way nature takes care of what is necessary for the child, and in other ways provides for future development of the higher attributes. Modern scientific investigation teaches that for the first few years of life the brain can be changed and the different attributes helped or hindered in their development. Brain material, like everything else, must have room to grow and there can be no growth in a part that is compressed. It is easy to tell in almost

every child, when a few months old, by the shape of its head if it has been kept a very long time in one position. The side or part upon which it has been lying will be flattened. Nature teaches that a girl is first a pronate, then a four-footed, after which she becomes an erect, animal. If the girl is allowed to follow the dictates of nature the higher brain will develop as she slowly evolves from one type to another. But here our civilization steps in and instead of allowing the embryonic woman to develop along nature's line and be allowed to squirm, kick and roll through early infancy, she is forced into all manner of unnatural positions by pillows and props. As our girl is not allowed to develop the front brain naturally, we must instruct our nurses to assist the development by frequently placing her pronate with the head lower than the chest. This can be done by placing the child across the knees of the nurse with the head projecting beyond and hanging slightly down. This is the position which colicky babies so much enjoy. Perhaps colic is due to the blood being in the abdominal viscera when it should be developing the higher attributes of the brain; hence the relief when it is sent where it belongs.

The more cultured the family into which our girl is born the less she is allowed to take the exercise intended by nature for her proper development. From birth she is held in as nearly an erect position as possible and propped into a sitting posture by pillows or placed in that instrument of torture, the high chair, in which so many weary hours of childhood are passed. I frequently find little girls who have never resumed the

recumbent attitude, except when asleep, since infancy and the mother says with pride: "My little daughter never crept like common girls." We hope in the future we will have more "common" girls. When the child is sleeping she must be crowded around with pillows for fear she might attempt to use her muscles and roll over and give an ungraceful kick when the nurse is not by to curtail the movement. As soon as possible baby is placed upon her feet and encouraged to walk to show how smart she is. This craze for smartness is the curse of this age.

In girls the evolution from one type of animal to another should be made slowly, not alone to give the higher brain a chance to develop by the pronate posture and the position required in creeping, which makes the anterior lobes the most dependent part, but also that the uterus and its ligaments may be properly developed so that they may stand the strain brought upon them when the girl assumes an erect posture. From my study of the development of the uterus I expect and have demonstrated by examination that a girl who has never learned to creep has a flexed or infantile uterus. In creeping, the pelvis being higher than the chest, the force of gravity carries the intestines toward the diaphragm, and in this way pressure is removed from the undeveloped uterus and it unrolls and assumes the normal position. A girl naturally creeps a little space, rises to her feet by some object of support and then drops to her hands and begins creeping again, in this way alternately relaxing and stretching the uterine liga-

ments. Could there be a more perfect way to strengthen ligaments of any kind?

But our evolution has carried our girl through the necessary kicking, rolling and crawling of infancy, on the floor in winter and out of doors in the sand-pile or on the seashore in summer, to girlhood.

She has not been kept in one position long enough to allow compression of any organ, and if for any reason there seems to be a lack of development anywhere we have used all means, by posture or otherwise, to send a good supply of blood to more fully nourish the weak part.

We do not now seek to unduly develop the brain to make her brilliant, as force-plants are short-lived, but we urge her to rival her brothers in all out-door sport which will develop vigor of limb and strength of muscle; then she is as nearly fitted as possible to enter the high school, to go through the cramming, jamming process to reach what we call an education. This process crushes out the lives of many of our sweetest and best girls; but no matter, our school system must be preserved at any cost.

Our evolution has developed our girl into such a little perfect animal that she may endure (although I wish it were otherwise) the strain of sitting on a bench at a desk for long hours to have crowded into her brain material which must be jammed out again, because, forsooth, the brain is not large enough to contain it all; and in the haste there is not time for each cell to grasp the part which it should store before more is given it to

do. Occasionally we find a child whose brain will store all given it, but in most cases it is a dismal failure.

Cannot some social economist evolve a plan by which the brain can be fed and developed to think and reason without this great waste of nerve-force? Counting this loss alone the cost of our school system to the State is something enormous and not in any way commensurable with the results attained. But if our girl must go through this grind she must be prepared for it in the best way possible.

To supply the higher brain so that it may not suffer unduly we must suppress other nerve-activity. A great deal of nerve-energy can be economized by delaying the evolution from girlhood to womanhood. This can be done by proper hygiene and medications. All sensational literature should be excluded from a girl's library.

Girls should become accustomed very young to cold plunge-baths. A few minutes' rest after returning from school, lying down with the pelvis on a higher plane than the shoulders, or in the knee-chest position, minimizes the effects of the prolonged sitting in the school-room. Plenty of vigorous exercise in the open air is needed to expel the school-room dust and carbonic acid and invigorate the blood by the deep draughts of oxygen which spirited exercise carries into the remotest recesses of the lungs. We see no reason why race running, rowing contests or ball playing should be given over to the boys. In these the element of contest adds more vigor to the game, but in school contests which bring the girls at an early age before the footlights

there is no compensation for the undue excitement and therefore are to be deplored. If military drill is beneficial to the boy then it is doubly so to the girl, as her organs sustain more injury if she does not walk right and carry herself properly; and the girl is in more need of the discipline, as one of the evils of the present method of girl-raising is the absence of control. Bicycle riding is yet too new an experiment for us to fully determine whether it would be beneficial to growing girls or not. We think it might be if taken in moderation and in proper position, but it must be injurious if carried to excess or taken in the stooping position with an improperly arranged saddle. We can see how it may be beneficial in developing self-control. Girls are allowed to think it womanly to scream and become hysteric at every trivial incident. If learning to ride a bicycle will correct this it will have done a grand good work.

MEDICATION: If the lassitude and indisposition to work, with the wearing pains which sometimes accompany the evolution from girlhood to womanhood, begin to appear, then use calmatives such as *viburnum prunifolium*, *cimicifuga racemosa*, and, above all, I have found helenin, the alkaloid of *inula helenium*, especially valuable in controlling erotic excitement. Above all teach the mother that it is not necessary for her little immature girl to be subject to this nervous strain every month, but that it is necessary that she be kept strong and well.—*Journal American Medical Association.*



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A Word with a Doctor.

A few days ago we met an Alabama doctor on a Southern train and invited him to a seat with us on one of "Pullman's" easy and best cars. We asked the doctor what was the condition of the medical profession in his town, and being impressed with the fact that a similar condition existed in other towns, we give a few of his observations.

The doctor said: "Our physicians are not as prosperous as they should be; fact is, most of them are poor and many of them are barely making a living. Some of them are discouraged and are thinking seriously of

engaging in some other avocation, which gives more promise of substantial remuneration. The cry of 'hard times' has been so prevalent for the past six years that the people have lost much of their appreciation for paying doctors' bills, and many of them who formerly paid promptly have gotten into the habit of not only letting their obligations to the physician go to the last, but absolutely pass him by. This, said the doctor, has had a demoralizing effect on the profession, and has had a tendency to cause some of them to look out for *number one* and let the profession take care of itself. This condition of things has also had a noticeable tendency to cause the doctors, to a great extent, to lose their interest in those old and well defined ethical relations which have so long held the medical profession together and which have been the means of promoting that good fraternal relationship which has always characterized the best element in the medical profession. It is no uncommon thing in our locality for doctors to answer a call to see a patient, who has been and may be at the time, under the treatment of another physician. The rush to get the patient is the thing, and take the chance of getting the pay for services. Many people recognize the condition of things, and many otherwise good people are quick to take advantage of it, and hence it is only occasionally a doctor can count himself fortunate if he collects a bill from the class of people indicated."

Well, we asked the doctor: "Do the physicians of your town stay in the drug stores, or do they have private offices?"

"Most of them office in the drug stores, and this is

to be deplored, as the druggist naturally takes a personal interest in the physician who has his office at his store, and this tends to get up a kind of commercial rivalry which should not exist in the medical profession."

And then he suggested what we should have, especially in our towns and cities, namely up to date pharmacists, and then the doctors should all have their private offices and cultivate the most cordial and professional relations, exchanging with perfect freedom their experiences and assisting each other in every way possible in the treatment of difficult cases. In this way many of the objectionable difficulties will be overcome, and the doctors would be more successful, happy and prosperous.

The Age for 1897.

More than eight years ago we began the publication of THE ALABAMA MEDICAL AND SURGICAL AGE. Its success has in some respects been phenomenal. Having to pass in its early history the hard times of 1890 to 1896, it has never failed to reach its readers monthly. We begin the first number for 1897 under the most favorable auspices—with a large and appreciative advertising patronage—larger than any year in the history of the journal—and with an increasing subscription list. At this writing we are in receipt of remittances and renewals in such numbers that we are much encouraged, and many of the good doctors in Alabama are not only sending us their subscriptions, but take the time to write us kind letters, encouraging us in the journalistic work and expressing their approval and

appreciation of THE AGE. We may be pardoned if we take from one or two personal letters a few lines, which will give an idea of many others we have received. Dr. E. H. Sholl, of Birmingham, Ala., ex-President of the Medical Association of Alabama and one of the most highly respected physicians in the State, writes under date January 11, 1897:

Dr. J. C. LeGrand:

Dear Sir:—Please find enclosed two dollars, my subscription to THE ALABAMA MEDICAL AND SURGICAL AGE for 1897. I have more good wishes for the successful furtherance of your already successful work than I can write. * * *

Dr. F. M. Peterson, of Greensboro, another ex-President of the State Medical Association, writes us. He says:

"I congratulate you on the success of THE AGE. It is now one of the most interesting and best journals that come to my office."

The good doctor sent us \$2.00 for 1897.

What we want and what we propose to have is 5,000 paid up subscribers to THE AGE. If our friends will stick to THE AGE, by inducing their friends to subscribe, we will have them by the end of the year. We have sent out a large number of sample copies in the past, and we will be pleased to send a sample copy to any physician at any time in the future, but it takes money to run a medical journal, and as THE AGE can not fill its mission until it reaches 5,000 doctors monthly, we hope the object which we have in view will be attained by our subscribers sending in renewals.

Medical Journals and Politics, Our Duty.

In a recent issue *Langsdale's Lancet* discusses and disposes of the medico-political problem wisely, forcibly, and the position taken and the views expressed are so nearly in accord with our own that we take the liberty to reproduce them :

“ The *Lancet* took no part in the late political struggle for supremacy, not because its editor did not have views on the main question—and very decided ones at that—but because we did not and do not now believe it within the province of a journal devoted to the science of medicine, to discuss political questions. We do not believe our subscribers pay for the *Lancet* in order to learn how they shall vote, or what we think about it. Doctors can meet in their societies and discuss questions pertaining to medicine and surgery, and that, too, with a great deal of warmth, and the society will prosper, but the minute they drag in politics, or even religion, the society will begin to languish, and will surely die if such a course is persisted in. We do not believe an expression of our views, with the reasons for the faith within us, would have changed a single vote, yet we do believe such a course on our part would have lost for the *Lancet* the respect of many of its best readers. We do not believe in the wild and unfounded charges made upon either side, of a lack of patriotism and honesty. We have faith in the American people and American institutions, and believe that both sides were honestly struggling for what they believe to be for the best interests of the people. That one side was wrong none will dispute—who, time alone will decide. But now that the election is over, let the voice of the majority be our law, let us all be patriots, let us be Americans ; let each and every one, whatever

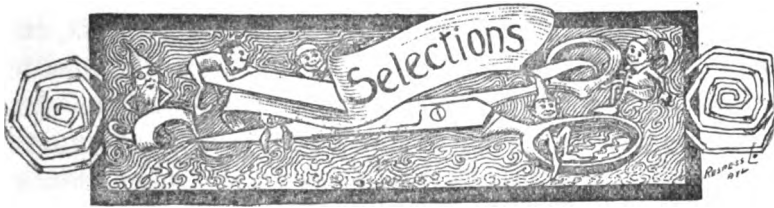
may have been his views, strive for the betterment of existing conditions, to the end that a reign of unexampled prosperity may bless our glorious country, and all its people. No class of men so acutely feel the effects of 'hard times' as medical men, for their prosperity must depend on the prosperity of not a few people but all the people. Stop talking about anarchy. Stop prating about honest and dishonest dollars. Quit abusing the president and each other. Grasp hands in brotherly love, put your shoulder to the wheel of progress and all will yet be prosperous and happy."

What to Write About and How.

We want seasonable reports of the diseases incident to the present time. If you write about what you are now busiest with, it is pretty certain that your brethren will be interested in the same topic. Write carefully on one side of the paper (use a pencil if it is handiest); with plenty of room between the lines. Don't use foreign words. English is good enough for plain, everyday people like ourselves. Say what you have to say, and then stop. This is a busy world, and, while it is hungry for knowledge, it has no time to pick out the kernels.

Be precise; vague statements are worthless. Give your treatment fully and carefully. We all want to know just what you gave, how big a dose, and how often. Publish your failures. They are as instructive as successes. * * * *

The above timely suggestions are taken from *The Alkaloidal Clinic*. It is just what we want said; it is said in the way we like to talk to our readers at this time, and we respectfully ask you to read it over again.



Residual Urine of Urethra.—(*By Stuart McGuire, M. D.*)—The penis is both a urinary and a sexual organ, and, like all compromises, has certain defects which render it liable to disease. Disorders of the kidney and bladder affect its sexual function and venereal troubles cripple it for the discharge of its urinary duty. So intimately are the two associated, that in treating disease of the one the possible influence of a pathological condition of the other must be constantly considered.

There is no condition met with in genito-urinary practice so difficult to cure as chronic posterior urethritis. I do not propose to discuss the disease systematically in this paper, but I want to call attention to the fact that in many cases the condition is maintained and the treatment frustrated by the presence of residual urine in the urethra. It has long been known that a few drops of urine may be retained behind a tight stricture, but I have been unable to find mention of the possibility of a considerable quantity of urine being left in a dilated portion of the urethra and acting as a causative factor, or as an obstacle to the cure of the disease.

The urethra is not a tube of uniform caliber, but has points of physiological narrowing. It is divided arbitrarily by anatomists into three portions—the spongy, the membranous and the prostatic; by surgeons into two—the pars anterior and the pars posterior. The

urethra has two curves—one fixed by the prostate, the other movable and depending on the position of the penis. When urine passes through the urethra, it is propelled not only by the *vis a tergo* of the bladder, but by the contraction of various muscles, and the channel is normally emptied of the last few drops of fluid by a progressive wave of blood which flows from the bulb through the corpus spongiosum. A careful study of the anatomy of the urethra will at once suggest the possibility of urine stagnating at certain points and a review of the physiology of micturition will show how nature has seemed to foresee the evil results which would follow and guard against its occurrence.

It was my misfortune, at the very beginning of my professional life, to have several patients with chronic inflammation of the deep urethra. I treated them with indifferent success, and, from my inability to cure them, attributed the symptoms of which they continued to complain to sexual neurosis or hypochondriasis. Finally, I bought an electric urethroscope and began to examine systematically every case of chronic urethral trouble that came into my office. At first, I accomplished little; but after I became familiar with the healthy and the diseased appearance of the mucous membrane of the canal and learned by experience what local applications did most good, my results were very gratifying.

In several different cases, when I looked down the tube, I almost invariably found its end filled with fluid and so constant was this condition that I expected to find it and had a mop ready to remove it. I did not at the time appreciate its significance and supposed that I had introduced the instrument too far and had dilated the sphincter of the bladder. Last winter a patient came to see me suffering with chronic posterior ureth-

ritis, but, in addition to the usual symptoms, he said that after urinating his trouble was greatly increased and that he could only obtain relief by stroking his perineum firmly with his finger from behind forwards and thus milking out about half an ounce of urine which remained in the deep portions of the urethra. The passage of a No. 30 sound failed to detect a stricture and I was forced to the conclusion that the residual urine was not dammed back by an obstruction, but was retained in a dilated and inelastic pouch of the urethra. I have now the record of four other similar cases, the quantity of retained urine varying from one drachm to half an ounce.

Residual urine of the urethra may be caused in one of two ways; or by a combination of both. Either there may be a stricture of the urethra, and the urine rushing down from the bladder meets with the obstruction, and by hydrostatic laws expands the portion of the canal behind the stricture, and the repeated distension causes the part to lose its elasticity and contractility and remain patent; or there may be no stricture, but a chronic inflammation of the mucous membrane and adjacent structures may so lessen its tone and relax its tissues that dilatation and sacculation follow. In both cases, the result is the same; urine is retained in the urethra, and, undergoing decomposition, irritates its sensitive surface and produces distressing symptoms.

It is a question whether residual urine in the urethra is the cause or the consequence of chronic posterior urethritis. The practical fact is that the condition cannot be cured until it be removed.

The treatment of such cases must be moral, hygienic, constitutional and local. The patient is in a state of of mental depression bordering on sexual neurasthenia. He is as morbid and hysterical as a woman with "womb

disease." By kindly sympathy and judicious encouragement, the surgeon should win his confidence and overcome his fears. The patient's diet should be restricted, his bowels regulated, and a moderate amount of exercise advised. If he be married, sexual intercourse need not be interdicted, but if he be single he should remain continent, and carefully avoid all possible sources of excitement. Tonics are frequently useful; if the patient be weak, and has no appetite, give him a bitter stomachic like tincture of cinchona; if he be pale and anemic, give him large doses of tincture of the chloride of iron. Direct him to "strip" his urethra after emptying his bladder; and if his urine is concentrated or irritating, instruct him to drink large quantities of some pure light water. Salol, or some other drug which is eliminated by the urine, and by its antiseptic properties prevents its decomposition, may be frequently used with benefit.

The local treatment is of great importance. The first point to be determined is the presence or absence of stricture. If it be present, it should be dilated by the systematic use of large sounds. If it be absent or if the symptoms continue after it has been removed the case should be treated by making stimulating applications directly to the diseased area. The whole length of the urethra should be rigidly inspected with the urethroscope and the congested spots, granular patches, or superficial ulcers, accurately located and carefully touched with a solution of nitrate of silver, the strength being varied to suit the requirements of the individual case.

Before the development of urethroscopy urethral lesions were unrelieved because unrecognized. We live in an age of accuracy and precision, and with modern instruments have no excuse for empiric practice.—*Maryland Med. J.*

The Forms of Diabetes.—Dr. George Harley gives the following classification in *The Lancet*: 1. Hepatic diabetes—including the gouty variety. 2. Cerebral diabetes—including all cases of saccharine urine arising from nerve derangements. 3. Pancreatic diabetes—the most deadly form of the disease. 4. Hereditary diabetes—a form by no means uncommon, and one, too, in which both brothers and sisters labor under the disease without either their maternal or paternal parent having been affected by diabetes, though more distant families may have suffered from it. 5. Food diabetes—including all forms of saccharine urine arising from the indigestion of unwholesome substances. Dr. Harley recommends, in addition to diet and opium or codeine, croton chloral, strychnine, phosphoric acid for thirst, and an absolute prohibition of alcohol.—*N. Y. Med. Record*.

Influence of Mitral Lesion on Pulmonary Tuberculosis.—J. E. Graham (*Montreal Medical Journal*, for September, 1896) contributes an interesting literary-historical study on this subject. He gives many quotations from the great pathologists, to which he adds several cases of his own supporting the view that mitral lesions exercise a favorable and preventive influence in the development of pulmonary tuberculosis.

If the condition of the lung which results from mitral lesion is a barrier to tuberculosis, can we without injury to the patient bring about a somewhat similar condition in those who do not suffer from heart disease? It would be out of the question to induce passive hyperemia of the lungs, even if we knew how it might be brought about. An active hyperemia would no doubt have a similar effect, and we are acquainted with several methods whereby it can be induced.

The writer has attempted to find out the condition of the lungs of those who live in high altitudes, and comes to the conclusion that the conditions are not unlike those produced by mitral disease. From this pathological study he draws the conclusion that the most important factor in the treatment of pulmonary tuberculosis is chest exercise by which the pulmonary apices are expanded and active hyperemia induced.—*Medicine.*

A Case of Tetanus Treated with Anti-Tetanic Serum; Recovery.—The patient was a little girl, age 5; healthy, history good up to this attack. About ten days before I was called, patient had received an injury of the left thumb from the stroke of a hammer in cracking nuts. The nail was badly bruised, flesh at base of nail was lacerated to some extent and the nail separated from the thumb at its base. The wound healed nicely under local treatment. About ten or twelve days after the injury the parents noticed a change in the child's disposition. She became irritable, would not play, slept badly, ate little and required constant attention. In a day or two these symptoms were followed by stiffness of the spinal muscles and of the upper and lower extremities. The muscles of the face were so contracted as to give the child a peculiar expression. When I saw the patient for the first time the symptoms were very much aggravated. Tonic spasms of the muscles of the spine and of the upper and lower extremities were almost constant. The slightest effort to exercise, eat, drink or perform any muscular labor was accompanied with severe tetanic spasms. The risus sardonicus so common in such cases was a very marked and constant feature. The jaws could not be opened at any time more than a half an inch.

Diagnosis was early made and the case treated for a

few days by the ordinary methods of the text-books ; but there was no improvement. Obtaining through the Kansas City branch of Parke, Davis & Co., a sufficient quantity of their tetanus anti-toxin, treatment was begun two weeks after the first manifestation of the characteristic symptoms. We gave the child five doses of two drachms each hypodermically about every eight hours. No other treatment was used. We nourished the patient carefully. The symptoms abated visibly in twenty-four hours. The muscular spasms became less and less severe and frequent, until they disappeared.

In this case the remedy seemed to act promptly and favorably, and it may be fairly credited with the favorable result. In the treatment of the case, Dr. W. B. Adams, of Montgomery City, was associated with me, and bears out my judgment of the remedy.—*G. E. Muns, M. D., in the Journal of Am. Medical Association.*

Recent Aids in the Different Diagnoses of Typhoid Fever.—(Describing the author's modification of Ehrlich's test, with a preliminary report upon the serum test of Widel) Greene (*Med. Record*, vol. 50, no. 20) thinks that too much confidence is not to be placed in the signs of established typhoid fever, namely; fever, rose spots, pulse and spleen; for we do not always have the characteristic temperature usual in this condition; rose spots are absent in at least thirty per cent. of our cases; the pulse of typhoid is not necessarily characteristic and certainly not pathognomonic, though dicrotism is here more frequent than in almost any other acute disease, and although enlargement of the spleen is a most important sign, it is found, however, in malaria, septicæmia and miliary tuberculosis, and is far from being a pathognomonic sign. Ehrlich's

diazo-reaction is a sign both early and constant. The author's modification of Ehrlich's method is composed of the following three solutions :

Solution A—Hydrochloric acid, 50 ; distilled water, 1,000 ; sulfanilic acid, q. s. ad. Sat. This solution should be most thoroughly saturated, allowed to stand some days before being used, and shaken up from time to time.

Solution B—Five-tenths solution of sodium nitrite in distilled water. Should be kept in a cool place and black bottle and renewed every week or ten days.

Solution C (test solution)—One part of solution B ; one hundred parts of solution A. This solution should be freshly made for each day's testing. In applying the test, equal parts of the solution C and the suspected urine are thoroughly shaken up together in test tube, and from one to two cubic centimeters of ammonium hydrate allowed to flow gently down upon the surface. If the reaction be present, a beautiful crimson or carmine band appears at the junction of the ammonia with the mixture. Upon shaking a faint tinge is imparted to the mixture.

The following rules are all-important: 1. The urine must be fresh and filtered. 2. The urine must be acid. 3. The true color is red, and when the urine is shaken the foam should be slightly tinged with pink. 4. The test solution C is to be freshly prepared each day, and accurately measured. A medicine-dropper and a marked test tube will insure this. 5. The sodium nitrite solution must be accurately made and removed at intervals of a week or ten days, and be not stronger than 0.5 per cent. 6. The color band should be held against a white background, the light falling upon it from behind the observer. It must not be held against the light. 7. The exact method of procedure

must be conscientiously carried out. 8. The test is to be made during the height of infection.

Widel's serum test has also proven reliable. It consists of the addition of a drop of blood from a supposed typhoid to a pure culture of Eberth's bacillus, with the result that the typhoid blood seriously interferes with the motility of the bacilli, which group and show little movement. The author thinks the following symptoms of typhoid are necessary to a diagnosis: a—an insidious onset; b—continued fever; c—an enlarged and palpable spleen; d—the occurrence of a well-marked diazo-reaction; e—Widel's test with typhoid blood.—*Memphis Med. J.*

A Case of Recovery Twelve Hours after the Ingestion of an Ounce of Chlorodyne.—

The *Lancet* for November 21st publishes the following account of a case which came under the observation of Mr. Thomas Massie: The author was called one morning at 11 o'clock to see a man who was said to be dying from the effects of poison. He was a mechanic, forty-five years of age, was muscular, and looked strong. The previous afternoon he sent for an ounce of chlorodyne, took a few drops of it for a cough, and then went out for the evening. He returned home about 11 P. M. the worse for drink, and before going to bed drank all the chlorodyne, the empty bottle being found at his bedside when his wife made a fruitless effort to wake him up next morning about 10 o'clock. The author found him deeply narcotized. The pupils were much contracted, the breathing was slow, labored, irregular, and noisy, and the pulse was thready and weak. The skin was clammy, the limbs were cold, and the face was cyanosed. Mr. Massie injected two-fifteenths of a grain of apomorphine hypodermically and applied

strong solution of ammonia to the nose, but without any result. He then injected about a pint of strong hot coffee mixed with eight drops of solution of sulphate of atropine (B. P.) into the bowel. This produced a marked improvement in the color of the face, the pulse, and the respiration. He now introduced the stomach siphon and washed out the stomach with a quart of strong hot coffee. The author states that he could detect the odor of chlorodyne in the washings. He repeated the process, using the same quantity of coffee. The patient by this time began to show signs of consciousness. Strong solution of ammonia was now assiduously applied to the nose with excellent results. Soon the patient was able to get out of bed and, supported on either side, walked about the room for two hours, drinking large quantities of coffee meanwhile. At the end of six hours, although drowsy, he was out of danger, and next morning he was nearly well.

The Treatment of Eclampsia.—At the recent Congress of Gynecology and Obstetrics at Geneva (*Sem. Med.; Brit. Med. Jour.*), Charpentier, claiming to represent the French school, said that, when the patient was seized with eclampsia and labor appeared spontaneously, all were agreed that the right treatment was to terminate labor as quickly as possible. But when eclampsia set in before labor a distinction must be made between cases at or nearly at term and those early in pregnancy. The German school considers the induction of premature labor or even abortion or forced delivery the only treatment. Dührssen incised the cervix deeply, and if necessary the vulva and perineum; Bossi uses instrumental, others manual dilatation; others again would resort to Cesarean section. Charpentier is convinced that induction of labor

is useless, and forced delivery dangerous. He concludes that :

1. The urine of every pregnant woman should be examined.

2. If the least trace of albumen is found she must be put on a strict milk diet, which prevents the production of toxins; this must be continued till after labor and till no albumen is present.

3. When edema without albuminuria is found the milk diet is indicated.

4. Whenever eclampsia occurs with cyanosis in a strong woman, bleeding up to half a liter must be performed.

5. Chloral should be given.

6. When convulsions have set in, milk should be given by the mouth or, if necessary, by the esophageal tube; this alone sometimes causes cessation of the convulsions.

Besides this, the fits should be treated with chloroform inhalations and diuresis induced by subcutaneous injections of normal saline solution. One must then wait till normal labor sets in. If there is inertia uteri, labor must be terminated by forceps or version if the child is alive, by basiotripsy if dead. Induced labor is only exceptionally necessary, and forced delivery never.

Halbertsma, Mangiagalli, Bossi, Pasqualini and others spoke on the other or "German" side, and advocated early emptying of the uterus, very favorable statistics being brought forward in support of this.—*Med. W.*

Regime During Pregnancy.—Dr. Eichholz (*La Rev. Med.*, May 16, 1896) believes many complications accompanying and following pregnancy are due

to errors of *regime*. While pregnant the woman should avoid excesses of water and albumen; the one causing excessive development of the foetus, the other giving rise to an excessive secretion of liquor amnii. Based upon twenty-five observations he prescribes the following *regime*: Fresh meat once daily in small quantity; green vegetables, salad, potatoes, bread and butter. Avoid eggs as much as possible, peas and beans. Wine, beer, and alcohol are forbidden, and only enough liquids should be taken to allay thirst. The advantages are: 1. Activity is preserved up to time of delivery; sensations of fulness, fatigue, thirst, and constipation disappear early. 2. Rapidity and facility of deliverance even in which previously it has been difficult. 3. A limited quantity of amniotic fluid. 4. Possibility of nursing offspring, the milk being of good quality and quantity. The medium weight of the children was six pounds, and the circumference of the head thirty-three to thirty-four centimetres.

AN ALTERATIVE OF UNSURPASSED POTENCY.—It is not unlikely that all our readers are well and favorably acquainted with Elixir Iodo Bromide of Calcium Comp. (Tilden) a preparation which has stood the test for over thirty years. But it is natural to be influenced somewhat by the extravagant promises made for other preparations, claiming to be "the same thing" or "just as good," and offered to the profession by supposedly reputable houses. It is therefore apropos to remind the profession that "Elixir Iodo" has no equal in its special field and that the attempts of dishonorable competitors to foist upon the doctors worthless imitations is doing incalculable damage to the reputation of the physician and well-being of his patient.

Editorial and Miscellaneous Notes.

TABLETS containing $2\frac{1}{2}$ grains of Quinine and $3\frac{1}{2}$ grains of Tongaline, prepared by Mellier Drug Co., St. Louis, Mo., is a good remedy for La Grippe. Write them for samples.

IF you are doing any gynecological work, and have not yet tried J. S. Tyree's Antiseptic Powder, write him for sample. Address J. S. Tyree, manufacturing chemist, Washington, D. C.

WE ask especial attention to the advertisement in this issue of the Maltbie Chemical Co., of Buffalo, N. Y. This is one of the best houses in this country, and their preparations are reliable.

WE acknowledge our special indebtedness to Dr. Deering J. Roberts, editor of the *Southern Practitioner*, for the full and complete report of the meeting of the Southern Surgical and Gynecological Society, which met in the city of Nashville, November 10, 11 and 12, 1896, and published in THE AGE's last issue.

THE attention of the readers of THE AGE is called to "Elam's Digestive Elixir" ad., in this issue. This preparation is prepared by the Elam Drug Co., and they are specially desirous to have physicians give it a trial, and will be glad to furnish any physician with samples who would like to test it in the treatment of cases where it is indicated.

AT a meeting of the Calhoun County Medical Society, held in the city of Anniston, January 19, 1897, the following officers were elected for the ensuing year: Dr. J. C. LeGrand, President; Dr. R. L. Hughes, Vice-President; Dr. W. H. Bell, Secretary; Dr. E. C. Anderson, Treasurer. Dr. Jno. M. Whiteside was re-elected a member of the Board of Censors for five years.

THE Imperial Granum Food is before the readers of THE AGE. This preparation has been tested by the best physicians, and the good results obtained have induced many of them to write their approval of this food. We also ask attention to the large list of the leading medical journals which have published favorable reports. See their page advertisement in first part of THE AGE, on page 6.

AT the annual meeting of the Jefferson County Medical Society, held the 11th inst., Dr. D. F. Tally was elected President; Dr. E. P. Lacy, Vice-President; Dr. G. C. Chapman, Secretary; Dr. L. G. Woodson, Censor; Dr. Charles Whelan, Jr., Treasurer; Dr. J. W. Barclay; County Health Officer. There were about a hundred members present at the meeting. This shows Jefferson County Medical Society to be one of the largest county societies in the South.

FIVE THOUSAND.—We do not believe in fakes, and we are not given to undertaking impossible things, but we are pulling for 5,000 paid up subscribers. If \$2.00 a year is too much for THE AGE for one year, we will

reduce the price—fact is, the price shall not be in the way. We are going to have the subscribers if we have to reduce the price to \$1.00, or to 50c., a year. The doctor who wants *THE AGE* shall have it, but he must pay something.

A YEAR'S SUBSCRIPTION FOR A POSTAL CARD.—Most medical journals publish the good things said of the editor and of the journal, but we reverse the rule. We will give a year's subscription to the Alabama doctor who will write us a postal card, making the best criticism on *THE AGE*, and who will make the best suggestion on how to make improvements. We may not publish all the cards, but we will publish the name of the successful one in this contest. This is a candid and serious proposition, and will be faithfully carried out—and is good for sixty days.

AT THE annual meeting of the Talladega County Medical Society, held in the city of Talladega, January 5, 1897, Dr. Geo. A. Hill, of Wynette, was elected President; Dr. John Dixon, of Fayetteville, Vice-President; Dr. B. B. Simms, of Talladega, Censor for five years. Dr. Thetford, of Talladega, read a paper on "Medical Ethics." A circular letter from the President of the Medical Association of Alabama, Dr. B. W. Toole, was read by the secretary. The Society resolved to have a luncheon at the next meeting of the Society.

W. IRVING HYSLOP, M. D., 4408 Chestnut Street, West Philadelphia, Pa., says: "I have used *Celerina*

quite largely both in private and hospital practice, and with gratifying results. It is void of repugnant taste and is readily retained by the stomach. My experience with Celerina has been confined chiefly to its use in nervous diseases, particularly loss of nerve power, and the opium habit, in which conditions it has served me well, and I shall continue to prescribe it both in private and hospital practice."

HALIFAX, N. S., Feb. 20, 1896.

The Hall Capsule Company, Cincinnati, O.

GENTLEMEN:—I have been using the Anderson Vaginal Capsule for a few years past and like them very much. I use them a good deal for patients who live at a distance, and whom it would be inconvenient to visit two or three times a week.

Yours truly, M. A. CURRY, M. D.

S. L. REED, M. D., Highland Park, Ky., Oct. 28th, 1896, writes: "Have only time at present to copy notes in reference to case in which I used Bromidia. Was called suddenly early on morning June 10th to see Mrs. McG. Patient had been under treatment of Dr. R., who had been called but failed to answer. Found patient suffering with acute mania very violent and destructive. On questioning family found patient had delivered herself four days previous of a three months foetus. Since that time patient had been receiving enormous doses of morphine with no apparent result. As patient was beyond control improvised a straight jacket of her husbands sweater and bicycle belt. Ordered half-ounce Bromidia (Battle & Co.,) every half

hour until quiet. In two hours patient was sleeping. Patient continued to receive Bromidia whenever indicated, along with other treatment, and in a few weeks was apparently well, although Dr. R. still has her under observation. This will show the superiority of Bromidia over morphine, especially in cases with head symptoms. I have had moderate success with Iodia, but could sing the praises of Papine in several columns if I had the time."

THE UNTOWARD EFFECT OF SUBSTITUTES.—A. M. Collins, A. M., M. D., of Shelbyville, Ills., writes under date of November 2nd, 1896: "I never realized the vast difference between genuine antikamnia and the various substitutes that are being palmed off, until within the past few days, and the realization was all the more pronounced because I myself was the patient. For four weeks I had been suffering with neuralgia of a very severe type and attended with considerable febrile movement. I tried the various compounds and other preparations, lauded as 'just as good,' but with no real advantage and with no little heart disurbance. On Saturday, I went to Arcola, and while there was taken very sick with one of my neuralgic attacks. I sent to the drug store for some genuine antikamnia, and to be certain about it, procured an unbroken original package. I took it in eight to ten grain doses at intervals of two hours. The effect was magical, the first dose relieved the severity of the pain, while the second quieted it entirely, and I went to bed, sleeping all night with one awakening of a few moments only, a thing I

had not done in four weeks. This experience on my own person, has thoroughly convinced me of the superiority of the genuine antikamnia."

ANNOUNCEMENT: — E. B. Treat, Publisher, New York, has in press for issuance early in 1897, the "International Medical Annual;" being the fifteenth yearly issue of that well-known one-volume reference work. The prospectus shows that the volume will be the result of the labors of upwards of forty physicians and surgeons, of international reputation, and will present the world's progress in medical science. The publisher states that the kind reception accorded to the "Medical Annual" has rendered it possible for him to spare no expense in its production; while the editorial staff have devoted a large amount of time and labor in so condensing the literary matter, as to confine the volume within a reasonable size, without omitting facts of practical importance.

The value of the work will be greatly enhanced by the thoroughness of illustration, both colored plates and photographic reproductions in black and white will be used wherever helpful in elucidating the text.

"To those who need the condensed and well-arranged presentation of the medical advances of the past year—and this class must necessarily include all physicians—we heartily commend the 'International Medical Annual.'" The volume will contain about 700 pages. The price will be the same as heretofore. \$2.75. Full descriptive circular will be sent upon application to the publisher.

SYR. HYPOPHOS. FELLOWS.—Mr. Fellows takes this opportunity to thank the Profession for their increased recognition of his invention.

To the Medical Gentlemen who have kindly permitted the publication of their testimony in favor of his Hypophosphites, and who, by letter or otherwise, have expressed their disapproval of the fraudulent imitations, he is especially grateful.

With its increasing favor there has been a corresponding increase of imitations, and though this is a compliment in the sense that "only the best things are worth counterfeiting," yet Mr. Fellows would respectfully request the Profession to guard against the misleading advertisements and fictitious compounds of notorious imitators.

Safeguards Against Substitution.—Fellows' Hypophosphites is dispensed in bottles containing 15 oz. by measure—the address, Fellows & Co., St. John N. B., blown on—the name, J. I. Fellows, St. John, N. B., in watermark upon the yellow wrapper; it is hermetically corked, and sealed with crimson capping; is heavy, slightly alkaline, has pleasantly bitter taste, and deposits a flocculent brown precipitate of Hypophosphite of Manganese when left undisturbed for forty-eight hours. Note.—Though this precipitate mars the appearance, its presence has been found imperative to its full remedial effect.

JAMES I. FELLOWS, Chemist.

48 Vesey Street, New York.

LAS VEGAS HOT SPRINGS has for many years been conducted as a pleasure resort. Now it is a health resort. The entire plant, consisting of buildings, springs, peat beds, parks, and thousands of acres surrounding,

is under medical supervision. Hospital will be furnished with every modern appliance that will be required for such people as will wish to visit us, and so will it be with every department. We propose to be assisted in our work by our thoroughly equipped laboratory, and will endeavor to answer, through this means, and in a scientific way, such questions as will be of interest to the profession, in regard to diseases treated at an altitude of over six thousand feet, and in a climate such as here prevails. We think that with such an extensive territory upon which to perform our work, we will be able to obtain the best results that can be obtained from what is called open-air treatment of tuberculosis. We propose to entertain our people, giving them exercise according to their strength, always out of doors when possible, and occupy their minds the entire day. But we propose that every such exercise, and every such entertainment shall be regulated medically, in each instance according to the individual's condition. We desire also to use the same care in treating such diseases as will be benefitted by the hot mineral springs, or the peat baths, or the climate alone. We desire strictly to be in touch with the profession, and conduct everything upon ethical grounds. Our attempt is to reach an apparent need in the profession; namely, to medically direct and assist patients in every detail of life, who seek this altitude and this climate, for bettering their physical condition. WILLIAM CURTISS BAILEY

Las Vegas Hot Springs, Oct. 20, 1896.

A PROMINENT AUXILIARY IN INFANT FEEDING.—The numerous articles constantly appearing on the feeding of infants not only exemplify the great importance of this subject, but they also demonstrate that authorities are not agreed as to what constitutes the

best method of artificial nutrition for infants, who for some reason or other are unable to nurse at the breast. Some years ago Dr. Rieth suggested that by adding albumoses to cows milk it could be made to resemble human milk as closely as possible. This idea was further elaborated by Goldmann, who recommended the addition of somatose, a practically pure albumoses product, to diluted cows milk, together with cream and sugar of milk. Milk prepared according to this formula has been considerably used in Germany, and with excellent results. In cases where this mixture is, however, not available, a good substitute may be secured by diluting cows milk with equal parts of a somatose solution (30 grains to a quart of the mixture) and adding about 6 drachms of cane sugar as recently recommended by Dr. F. Schramm (*Arch. f. Kinderheilkunde*, Bd. XXI). To older children he gave 30 to 45 grains daily in soups or milk. The nine cases reported by this author comprising infants suffering from malnutrition, acute dyspepsia, gastro-intestinal catarrh, acute febrile disease, or convalescing from acute disorders illustrate most excellently the high nutritive value of somatose. Under its use in these small doses the children although greatly reduced in nutrition promptly increased in weight—the best test of its ability to make good the waste of the albuminous elements of the body. In acute febrile affections somatose acted not only as a nutrient, but as a tonic, as the little patients made a remarkably rapid recovery. Dr. Schramm enumerated the following advantages of this preparation as an infant food: 1. Somatose consists nine-tenths of albumoses; 2. It contains no elements incapable of absorption or capable of fermentation; 3. It contains the potassium phosphate so important in the formation of cellular

tissue ; 4. It is readily digested and almost tasteless and odorless ; 5. It produces a fine flocculent coagulation of cows milk caseine ; 6. It is well tolerated even by a sensitive stomach and absorbed even by a damaged epithelium. The author therefore considers somatose a valuable addition to the list of dietetic remedies for children and a prominent auxiliary in the artificial nutrition of infants.

THE following letter, from Mavrogeny, Pacha, physician-in-charge of His Majesty, the Sultan, is but one of the many to show the esteem in which distinguished men hold the well known tonic wine, "Vin Mariani:"

"YILDIZ PALACE,
CONSTANTINOPLE, July 2, 1895. }

Sworn enemy of the proprietary medicines which have of late years inundated all countries, and whose only object is the acquisition of gain for the proprietors, without the least benefit to science, nor to humanity, I make a single exception in favor of one preparation as meritorious, and which is thoroughly praiseworthy. I refer to 'Vin Mariani,' which, without guise of deceit and mysticism, is valuable in its fortifying qualities, and has conferred high benefits upon weak and suffering humanity.

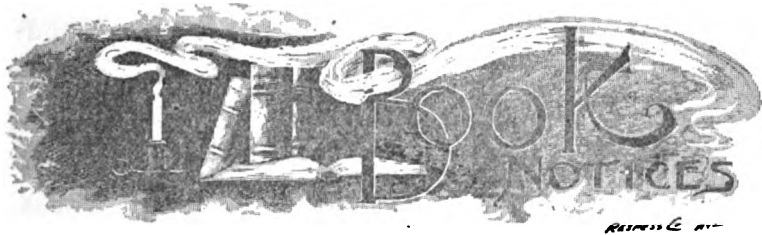
[Signed] MAVROGENY, Pacha,
Physician-in-chief to His Majesty, the Sultan."

During the past thirty-five years "Vin Mariani" has gained more ardent admirers among the medical profession throughout the world than any other preparation, and justly so, as there has never been a disappointment from its use. This is specially note-worthy on account of the attacks made from time to time against Coca (generally from interested parties), and on investigation it is shown that the many so-called Coca wines are nothing more than shameful mixtures

of cheapest, inferior wines, and variable solution of cocaine, unscrupulously sold as coca wine, simply for mercenary purposes. It is in this manner that really useful drugs are brought into discredit. M. Mariana has gathered the written opinion, clinical notes, etc., of many thousand physicians from all parts of the world showing the universal high opinion of practitioners who have subjected "Vin Mariani" to thorough test.

THE THERAPY OF PETROLEUM OIL.—It is surprising that Petroleum Oil with its positive antiseptic power, stimulant, antispasmodic, diaphoretic and expectorant properties should not find more extensive use in medicine than is given to it. The great popular reputation which it enjoys as a healing agent for both internal and external use is well known. For any one to assert that petroleum oil possesses no therapeutic power is simply to make an assertion of ignorance, for petroleum, or rock oil as it is sometimes called, is, it is well known to those who have paid any attention to the subject, used with the most beneficial results in all chronic bronchial and pulmonary disorders. The greatest objection to its use has heretofore been the difficulty of preparing it in palatable form to make it acceptable to invalids, children, or to one with weak and delicate stomach. As is well known, an emulsion of any oil is preferable to the plain oil, because it represents the oil in a partially digested condition which makes it easy of assimilation and saves an immense amount of work to the digestive organs. The Angier Chemical Company, of Boston, has succeeded in producing just such a preparation as this—a perfect emulsion of a selected petroleum oil purified by their peculiar process. But they have done more than this, they have combined

with it the well known hypophosphites. We have then in this preparation, studied simply from the therapeutic stand-point, a remedy which is a tissue builder, one which is especially adapted to the healing of inflamed mucous surfaces, and one also which contains a tonic to the nervous system. That this remedy will do in practice exactly what would be expected of it in theory there is abundant clinical evidence to prove. A large number of physicians have reported their success with this emulsion. The number and the wide range of maladies treated show that the field of usefulness will become wider and wider as its special applications and therapeutic properties become better known. It is easy to report one or two cases cured with almost any remedy, for no one knows so well as the practicing physician what surprising changes for the better often occur. Yet, when we study the therapeutics of Angier's Petroleum Emulsion and are made aware of the large number of diseases cured by it and of the continued reports from physicians from every quarter favorable to its use, we must indeed conclude that this preparation must hereafter remain as one of the reliable, staple productions of the newer materia medica. Its use is especially indicated in the treatment of diseases of the respiratory mucous tract such as chronic coughs, bronchitis and phthisis in all its stages. It not only relieves the distressing symptoms, but also aids the disordered digestion, restores lost strength and weight and lost health.



OVER THE HOOKAH: THE TALES OF A TALKATIVE DOCTOR.
By G. Frank Lydston, M. D., Professor of Genito-Urinary
Surgery in the Chicago College of Physicians and Surgeons;
Professor of Criminal Anthropology in the Kent College of Law,
etc. Sold by subscription only. Price, in cloth, gilt top,
\$4.00. Over six hundred pages octavo. Profusely illustrated
from the author's designs by C. Everett Johnson. The Fred
Klein Publishing Co., Chicago.

Every doctor in this country should have a copy of
Dr. Lydston's book. To abort a spell of the the "blues,"
to cure a case of indigestion, to make a tired doctor feel
refreshed, vigorous, jolly and happy, read this book.
Dr. Lydston is not only a chaste, accurate, polished,
smooth and entertaining writer, but he is a good story
teller, and in the book before us he has beautifully con-
densed the tales of a talkative doctor so as to enter-
tain and amuse any reader. One of our Southern con-
temporaries, *The Atlanta Medical and Surgical
Journal*, says of the book :

"These tales of a talkative (very talkative) doctor
are ascribed to a Dr. 'William Weymouth' who it ap-
pears had had a most varied experience as a practi-
tioner, from the familiar 'Doc' of the primitive western

mining camp in the sixties to the esteemed family physician in a fashionable quarter of Chicago, and a college professor, of a modern date. The tales were told to a friend of the old doctor's, a medical student who seems to have been a very good listener. The doctor takes occasion, *en passant*, to express his views upon various semi-medical and sociological subjects, and one can easily see that the old gentleman was of broad comprehension and a thorough humanitarian. His reflections on criminal anthropology and the stigmata of degeneracy, in their medico-legal relations, are deserving of wide reading and consideration. The author gets tangled up somewhat on his negro dialect, though he makes an infinitely better success of it than most northern writers do. His 'Uncle Abe' may have been originally 'fum way down in Georgy,' but it is safe to say that his original style of diction bore little resemblance to that here attributed to him. One remark of old Abe's will probably strain the understanding of the average Northern mind. 'De ole Judre . . . treated de niggahs jes' like dey wuz his own chillun. Doan' s'pose you folks up Norf undahstan' nuffin 'bout dat sah, but dar's many er po' ole niggah dat wish dar nebbar wuz no war!' Some of the stories of Western life have a distinct Bret Harte flavor, and some of the character sketches that Dr. Weymouth draws 'over the hookah' have very striking counterparts in the writings of the latter author."

Dr. John B. Hamilton, editor of the *Journal* of the *A. M. A.*, among other things says of the book :

"Next to hearing Dr. Lydston tell a story, comes the pleasure of reading one that he has written or adapted, for his adaptations have a personal flavor about them that gives originality.

"The hookah, be it known, is an Arabic pipe, consisting of a box in which tobacco burns, a vessel of water through which the smoke passes, and a long pliant stem or mouth tube. When the Doctor lit his hookah, the stories began.

"As a rule the author defends the profession throughout, but there are many sarcastic passages, and one might almost believe, severe hits at foibles belonging exclusively to certain well-known members of the profession. When the author's 'Dr. Weymouth' is fairly launched on this subject he is very candid, sometimes caustic, but he is never dull.

"The stories in the book are all character stories, and truthfully drawn. One that is absolutely new, is that of Major Meriwether, a curious compound of fuss and feathers, poverty and pride, bombast and braggadocio, egotism and simplicity, good-nature and cowardice. Dr. Lydston has made a very readable book, and if some of the stories of the frontier are rugged, it is because they are true to the characters of the mining camp, and to the rugged environment of the men themselves."

PHYSICIAN'S VISITING LIST FOR 1897. P. Blakiston, Son, & Co.,
1012 Walnut Street, Philadelphia.

The publishers have made some decided improvements in their visiting list for 1897. Twelve pages

have been added to the cash account department and the leather covers have been strengthened, making this one of the very best visiting lists offered to the physician. The list contains many suggestions which are valuable to the busy practitioner when he may need a quick reference. Every doctor should have a visiting list, and there is none to be found more suited nor one more complete in every detail than the one published by P. Blakiston, Son & Co.

OPERATION FOR HYDROCEPHALUS.—Dr. A. Henle (*Medicine*) reports a case of hydrocephalus in which he operated by making a skin-periosteum-bone flap and introducing a small packet of glass wool in the form of a thick nail through an opening made with scissors into the lateral ventricle. The wound was closed by means of skin sutures over the piece of bone which had been turned back into place. He says the indication for operation in cases of hydrocephalus is only given by constant and rather long existence of the disease when dangerous or threatening symptoms of brain-pressure are to be combated.

SAND FILTERS.—Allen Hazen (*Medical Record*, November) concludes: "The city of Philadelphia is now using water in a most wasteful and extravagant manner, and immediate measures should be taken to check such waste, and to reduce the consumption to a reasonable amount. It is possible to construct sand filters similar to those in use at London, Hamberg, and many other European cities in connection with the existing pumping stations, of sufficient capacity to furnish water for all reasonable requirements, for the present population, and for that which may be expected in the near future."

The Alabama Medical ^{and} Surgical Age.

VOL. 9. FEBRUARY, 1897. No. 3.

Original Communications.

SYPHILIS.*

By D. F. TALLEY, A. M., M. D.,

BIRMINGHAM, ALA.,

President Jefferson County Medical Society.

NO subject in medical literature deserves a more careful study, and no disease requires a more timely and persistent treatment than syphilis. It is a disease which has selected mankind alone as its victim, and its ravages, unchecked, have sent countless hundreds prematurely to the grave. For a proper consideration of a disease so gigantic in its results of evil, and so protean in its manifestations, a much longer paper would be required than time permits me to read to you, and it was only under protest that I consented to write on the subject. My object, however, will be to try and touch only on the most salient points. Considering our present knowledge of the subject, which has been acquired by close investigation, and numerous experiments, it is unnecessary to discuss the antiquated

* Read before the Jefferson County Medical Society, November 28, 1896.

question as to the unity or duality of the disease. It has been proven beyond a doubt, to every thoughtful mind, that syphilis is a disease of its own kind, and that its initial lesion, the chancre, is in no way akin to its rival, the chancroid.

For the purpose of clinical description, and therapeutic consideration, it is best to divide syphilis into three stages, the primary, the secondary, and the tertiary. This is the division of Ricord, and, although in a majority of cases no sharp lines can be drawn between them, their consideration aids materially in carrying out the proper treatment. In applying our therapeutic agents we may look upon superficial lesions of the skin and mucous membranes, and glandular enlargements, with some systemic disturbance as evidence of the secondary stage and demanding the most approved treatment for that stage. In like manner we consider deep-seated lesions of the connective tissue of the viscera and the bones as belonging to the tertiary stage and demanding the treatment for these special changes.

Syphilis is conveyed by means of certain secretions of a person suffering with the disease, and the first evidence of infection is the appearance of the chancre. It is transmitted by the secretions of the initial lesions, the mucous patch, the condyloma, secondary papules, tubercles, pustules, and the blood of syphilitics.

The usual mode of conveyance is in the sexual act; however, it may be transmitted in various other ways: kissing has proven a prolific source, and the physician may be infected with the disease by the digital examination of a woman with the primary or secondary

lesions on the vulva, or in the vagina. The initial lesion invariably appears at the point of inoculation; as Ricord aptly says, "In the case of syphilis, the person is first punished where he has sinned. If the penis and it alone has been exposed, it is on the penis he is hit." The initial sore may appear in four forms,—as an erosion; an ulceration; a deep ulceration, which is funnel-shaped and constitutes the Hunterian chancre, and as a dry, indurated papule. There are several other, but extremely uncommon, forms which hardly deserve mention.

The erosion comprises about two-thirds of all chancres; it is commonly found on the mucous membrane of the prepuce about the coronary sulcus, and is oval or slightly irregular in shape, with a polished, raw-looking surface; the discharge is scant and sero-sanguinolent in character; the induration may vary from a parchment-like, base to an indurated nodule as large as a split marble, but the parchment base is most common. The ulcerated variety consists of an ulcer with sloping edges and an indurated base the size of a split pea; the bottom of the ulcer is grayish; the discharge, though slight, is of a sero-purulent character. The Hunterian chancre is less common than the above and seems to be an advanced form of the ulcerated variety; the ulceration is deep, with adherent edges and sloping sides; the induration is extensive, reaching considerably beyond the edges of the ulcer; the discharge is more abundant than in the ulcerated form, but is of the same general character. The dry, indurated papule is found on the skin anywhere on the body; it may appear on

the penis, and even on the mucous membrane of the prepuce when it is uncovered and dry. There is considerable induration in the papules and at their bases; they never ulcerate. This characteristic induration of chancres may disappear in a few weeks, but in many cases it remains for months, long after the chancre has healed. As a rule only one chancre is found, but this is by no means constant. This is what the dualists base their opinions on when they consider that the chancre is always unique and the chancroid always multiple. Any one who is familiar with their manifestations can readily see how they may be in error in either case. A case came under my observation about two years since in which there were six chancres on the penis, and they were of three varieties,—three were erosions, two were ulcerations, and one a typical Hunterian chancre. All of these sores did not appear at the same time; no doubt in my mind that it was a case of simultaneous inoculation, but their appearance was in the order of their frequency, the erosions first, then the ulcerations, and lastly the Hunterian chancre. This case alone, is sufficient to prove not only that we may have multiple chancres, but that they may appear successively and be of at least three different varieties. Now, in the case of chancroids it is quite frequent that we find only one sore, and if there has been only one point of inoculation, when the case is seen in time and properly treated, we should never have more than one; of course, if the process of auto-inoculation is allowed to go on we may have any number. Sometimes a chancre appears in the urethra, where it cannot be seen without the aid of the

urethral speculum or endoscope, and all cases should be examined for this where a thin sanious discharge comes on about three weeks after suspicious connection. The initial lesion may appear at any time from ten to seventy-five days after inoculation; however, it may be stated, as a rule, with very few exceptions, that the time of incubation is twenty days. In the chancroid there is no incubation period, after the absorption of the virus the lesion is instantly a chancroid and requires only two or three days to develop into a moderate sized ulcer. The chancre begins as an erosion or papule and remains an erosion, or slowly ulcerates, while the chancroid begins as a pustule or ulcer and progresses rapidly. The chancre is round or oval in form and saucer-shaped in its depth with adherent edges, while the chancroid is irregular, its edges are ragged and undermined and it secretes a quantity of pus. As a rule there is very slight or no pain connected with chancre; nearly all chancroids are painful. The appearance of the sore in connection with the presence or absence of induration constitutes a valuable diagnostic point—induration in a chancre is constant, it may be parchment-like and very faint or cartilaginous and extensive; the induration does not shade off into the surrounding tissues but ends abruptly. There may be considerable induration in a badly inflamed chancroid, but it does not possess that cartilaginous, elastic feeling and is not as freely movable on the deeper tissues as in the chancre. All chancres on the penis are accompanied by enlargement of the lymphatic glands of the groin. These enlargements are poly-

ganglionic, but not necessarily bilateral, the glands are freely movable and do not suppurate. At least fifty per cent. of chancroids are unaccompanied by buboes; when they do occur they are inflammatory in type and cannot be moved about under the skin, as it shares in the inflammatory process and is matted to the gland, and they nearly always terminate by suppuration. Diday has observed that in cases with long periods of incubation the disease is of a milder type, and *vice versa*. While this cannot be given as a rule, it is reasonable to suppose that where the virus has become attenuated by successive inoculations that it would require a longer time to develop a chancre, and that the general systemic poisoning would be less severe.

Some syphilographers claim that where the primary lesion becomes a phagadenic chancre it indicates a serious type of the disease. However, a patient's general condition at the time of contracting the disease, which predisposes him to chancres of this kind, readily explains his inability to bear the disease kindly. A man may come to you with a very serious or malignant form of syphilis, and yet when the woman from whom he contracted the disease is examined it is found that she has a comparatively mild case; so it appears that the gravity of the disease depends as much on an individual idiosyncrasy as on the virulence of the syphilitic poison.

I believe that syphilis, in an ordinarily healthy subject, is absolutely curable. At the same time, I frankly admit that a great majority of cases are never cured. This, however, is usually due to negligence either on the part

of the patient or his physician. There are patients who cannot be induced to continue treatment long enough to be cured, and there are physicians who do not properly impress their patients with the gravity of their trouble, nor the absolute necessity of continuing treatment for two, three, or even four years in some cases. There is a popular superstition among the laity that mercury taken for a time settles in the bones, causes untold suffering and finally destroys them. This belief evidently had its origin in the fact that formerly physicians gave mercury freely during the first few months of the disease until all manifestations disappeared, and then, not knowing the importance of keeping it up, discontinued it. When the disease reached the tertiary stage, and the bones became involved, the patient attributed all his suffering to the mercury he had taken, when really he was being punished for not having taken more.

My belief that syphilis is curable is confirmed by cases in which it has occurred the second time; a new case can never be contracted till the old one is cured. The manifestations of secondary syphilis usually appear in six or eight weeks after the primary sore, and consist of eruptions of the skin and mucous membranes, inflammation of the iris, falling of the hair, a general enlargement of the lymphatic glands, and persistent sore throat. It would require a long paper to name and describe the various syphilides alone, so I will mention only the general characteristics of syphilitic skin eruptions. They are symmetrically arranged, they do not itch, they are of a raw-ham color, and they appear in a

multiplicity of forms. Syphilis, untreated, remains with its victim to eternity. "Age cannot wither her, nor custom stale her infinite variety." As it is a chronic disease, it requires a long treatment. Specialists agree that it should be continued for two, three, or even for four years in bad cases. This treatment, however, should not be continuous, but intermissions of from four to six weeks should be taken several times during a two years' course.

Mercury given continuously for a long time creates a tolerance which amounts to an inefficiency in its action, but after a rest of a month a two it may be given with its usual happy effects.

In starting out to treat a case of syphilis, the physician should thoroughly acquaint his patient with the gravity of his disease and prove clearly to his mind that the proper carrying out of the treatment is an important and serious ordeal; that these few years of persistent treatment are the most critical ones in his whole life, and that his future well-being and the health and happiness of his family all depend on his course and care of himself during this time. After an explanation of this kind some patients, who are light-hearted and accustomed to brooding little over their misfortunes, feel perfectly easy and satisfied so long as no manifestations appear on the face to proclaim to the outer world that they have syphilis; others are overwhelmed by the enormity of their crime, become morose and despondent, and really think that life will not be worth the living. To these latter, the physician should constantly hold out the beautiful beacon of hope,

by assuring them of a final and complete recovery. It has been decided by a majority of specialists in this line that treatment should begin at the time of the appearance of secondary manifestations. They claim that there is no advantage in beginning treatment before this time, only in exceptional cases, even if the diagnosis be positive that the primary sore is a chancre. There are cases where the initial lesion is so large as to be very uncomfortable, or even painful in certain situations, as in the urethra, where it may cause pain during urination and where from its size the flow is obstructed. A chancre on a surgeon's finger is very annoying and should be healed as quickly as possible, to prevent infecting his patients.

Sometimes lymphatic enlargements to an extreme degree demand early treatment. In some cases severe neuralgias develop before the secondaries and require immediate treatment. In nearly all cases, the extreme anxiety of the patient can only be overcome by commencing treatment at once. My experience has been that the more intelligent your patient the more difficult it is to persuade him that it is not necessary to begin treatment till secondary manifestations appear; he imagines that he is being consumed, as if by a conflagration, and is never satisfied till you apply the extinguishing agent. So if any of you, by any course of reasoning, have ever succeeded in making them wait I would like to get the receipt for it. When you are not sure of your diagnosis, a "placebo" should be given till you can decide what you have. I wish, however, to place myself on record as a believer in the efficacy of

early treatment, and where the initial lesion is sufficiently characteristic to be diagnosed a chancre, I am satisfied the case does better when treatment is commenced at once. It is generally conceded that the treatment during the first few months of the secondary stage accomplishes more in the way of a cure than all the other months of treatment combined, and reasoning on the same hypothesis would decide that it is even more efficient before the secondaries appear, for the poison has already invaded the whole system when the chancre makes its appearance. Of all the medicinal agents obtained from both vegetable and mineral kingdoms that have been lauded in the cure of syphilis, none have stood the test but mercury and iodide of potash. These two drugs, to-day, constitute the basis of all therapeutic treatment and may be truly classed as specifics, since when they are introduced into the blood they cause to disappear all organic lesions and functional disturbances produced by the syphilitic poison. They are as truly specific in syphilis as sulphate of quinine is in malaria. The use of mercury may be attended by some unpleasant symptoms, stomatitis and salivation, gastro-intestinal disturbances and impairment of nutrition, but fortunately these are uncommon and may be overcome in most cases, by care in regulating its use, by selecting a different form of mercury or employing a different method of administration. There are two general methods of treatment now in vogue, one is called the "tonic treatment," the other the "intermittent." There are some disadvantages in either. By the "tonic treatment," the mercury is given in grad-

ually increased doses till the point of tolerance is reached, then this dose is cut in half and continued for eighteen months or two years; so the objection to this is that mercury given so continuously loses its full effect. In the "intermittent" method, the full dose is given for two or three months, then stopped for a month or six weeks; the disadvantage of this method is that the patient under large doses is more apt to be salivated or suffer with gastro-intestinal disturbances, or a sudden outbreak of serious symptoms during an intermission in the treatment. The method I have adopted and find most satisfactory is a modification of the "tonic treatment" plan. This is done by keeping the patient on tonic doses for six months and then giving an intermission of one month, during which a stomachic or general tonic is administered; after these four weeks of rest from mercury, it is again given for six months in tonic doses, then a rest for one month, and another six months' course of mercury. By this method salivation and gastro-intestinal disturbances are avoided, there is little danger of an outbreak during the intermission, as mercury has been given for six months, and the medicine has a better effect after the intermission, and the patient's stomach has been toned up by the tonic during the rest from mercurial medication. In carrying out this treatment I prefer the pills of protoiodide of mercury. They never salivate, if their effects are watched, as they always produce severe cramps and frequent movements of the bowels before the mouth is affected.

I use pills of one-sixth of a grain, and instruct my patient to begin by taking one after each meal, and in-

crease the dose by one pill a day till the point of toleration is reached, which will be indicated by griping of the bowels and frequent stools. As a rule, white patients get up to eighteen pills per day without much discomfort, while negroes can rarely go above twelve pills, or two grains. This maximum dose is cut to one half, and continued as I have already described. Now, during the administration of the "tonic dose" it may become necessary to run the dose up on account of sore throat, falling of the hair, or some other manifestation. However, as soon as they disappear the usual dose is resumed.

There are so few patients who cannot undergo this treatment, it is hardly necessary, except for some special cases, to mention the other methods of administration, as by fumigation, inunction and the hypodermic method. These methods are either lacking in exactness or freedom from danger. Inunctions may be used in connection with general treatment to cause a rapid disappearance of the secondary eruption of the face. A very important point in treating patients at home, who have too much pride to appear on the streets with an eruption that can be seen, is to be able to cause its rapid disappearance, and by far the most efficient agent that I have employed for this purpose is heat. This may be applied by hot fomentations, kept up for twenty or thirty minutes, several times daily. I have caused a general eruption of the body to disappear in two days by having my patient take a hot bath twice daily. The hot bath should be freely employed during the whole course of treatment. If this injunction were carried

out many patients who have to go to Hot Springs for treatment would not find it necessary. After eighteen months of mercurial treatment, the mixed treatment should be used. This consists of bichloride of mercury and iodide of potash in combination, about one-sixteenth grain of the former and ten grains of the latter to the dose. They may be given in succus alterans, which is said to possess specific curative properties in syphilis. This mixed treatment should be continued for about six months, after which the iodide of potash should be given for six months. This is best given in saturated solution, in which each drop represents a grain of the drug. Patients may begin by taking five drops after each meal and gradually increase the dose till symptoms of iodism appear; then the dose is slightly diminished and continued. In administering the iodide, a large quantity of water should be given with it to prevent irritation of the stomach, and it is best given one hour and a half after meals, as about that time the contents of the stomach pass into the intestines, and the iodide does not remain in the stomach long enough to produce gastric disturbance. The iodide is rendered less irritant by taking it in sweet milk. Its bad effects in most cases may be obviated by taking a teaspoonful of Fairchild's essence of pepsin with each dose. The bichloride of mercury is the best preparation for hypodermic use. This method has the disadvantage of sometimes producing rather serious abscesses and should never be employed except in cases of emergency to tide the patient over a critical period, as when the integrity of

some vital organ is threatened. In these cases, one-eighth of grain may be injected deeply into the gluteal muscles every day or two. So far as treating the primary sore is concerned, I do not believe we gain anything by doing more than keeping it thoroughly washed and dusted with aristol. I am satisfied that the general poisoning of the system is in no way lessened by cauterizing or excising the chancre.

I think it rarely necessary to advise a patient to go to Hot Springs for treatment. By advising him to carry out the proper hygienic measures, such as being regular in his habits, getting plenty of exercise and sleep, taking his meals at regular hours, and not forgetting his hot baths and avoiding dissipation of every kind you will probably never have a case that will not do well on home treatment. Some of the physicians at Hot Springs do not believe the water has any specific virtue not possessed by hot water anywhere else. The greatest virtue of the Hot Springs treatment is that a patient goes there for the sole purpose of getting rid of his disease, and he is regular in his habits and carries out more strictly the directions of his physician. However, I believe there are exceptional cases that do better there, and these are cases that require very heavy medication and cannot bear it at home. I believe the use of their hot water, both externally and internally, creates an activity of the excretory organs which permits a heavier treatment, but all other cases can be cured as well at home.

TUBERCULOSIS.

BY T. A. CASEY, M. D.,

ALBERTVILLE, ALA.

SOLOMON SOLIS-COHEN, in his able treatise on tuberculosis, begins the chapter with the following positive declaration: "Tuberculosis is a curable disease." Notwithstanding this positive statement, the mortality from this disease is simply appalling. In the year 1890 there were 125,000 deaths from tuberculosis in the United States. In 1892 there were 817 deaths from pulmonary phthisis in Alabama, and in 1894 there were 1,119 deaths from the same disease in our own State.

While it is almost unknown to savage life, it travels *pari passu* with civilization.

It would transcend the scope and intent of this paper to discuss in detail the clinical history, pathological conditions, symptomatology and treatment of the disease. I shall content myself, therefore, in a discussion principally of the etiological factors, because our therapeutics are largely influenced by our views on this question.

Is Koch's bacillus the sole cause of the disease? This question has been answered both in the negative and the affirmative by men who rank high in the medical profession. Six years ago Whittaker expressed his views in the following language: "Predisposition in our day has come to be considered merely, or nearly, as a question of dosage. Biggs said that there was one direct cause of tuberculosis, and only one, namely, the

tubercle bacillus. That other factors had an influence could not be denied, but he believed their influence was only in diminishing tissue resistance. Without such factors as tubercular parentage, unfavorable hygienic conditions, depressed general vitality, ordinary exposure to germs of the disease might not lead to infection, but he believes that a sufficient dosage of the tubercle bacilli would cause the disease, no matter how healthy the individual, nor how favorable his surroundings. It was only a question of the introduction of a sufficient amount of the virus." To show that Whitaker's views have not materially changed, I quote one of his most recent utterances: "As far as we know, there is no predisposition peculiar to phthisis. Everything must conform to the tubercle bacillus. Whatever fails to fall in with this view is relegated as useless lumber to the ancient history of the disease. The tubercle bacillus illuminates a whole field of obscure diseases. It reconciles discordant facts. It establishes unity."

Solomon Solis-Cohen, while he freely admits the etiologic importance of Koch's bacillus, says: "That condition which makes the human tissues a receptive 'soil,' a favorable 'culture medium,' for the tubercle bacillus—that condition which of old was called 'diathesis,' and now 'susceptibility'—is itself a disease, a departure from the name; and I believe it to be the most important element in the morbid complexus termed tuberculosis. It is the element requiring the greatest care in prophylaxis, the most intelligent and faithful treatment."

So wide-spread are the seed that few of us escape infection. The "soil," then, as a factor, is almost equal in importance to that which relates to the seed. Koch and other competent observers found the bacilli present for a number of years in the sputa of persons who were apparently healthy.

The hereditary transmission of the disease has been over-rated. Some have termed it the pebrine of the human race, but I very much doubt the analogy. We know that placental infection is very rare, and that tuberculosis during the first months of life is also of very rare occurrence. The apparent hereditary transmission of the disease can be accounted for by hereditary, or acquired vices, coupled with direct infection. My observation is that tuberculous mothers are very liable to abortion and premature labor; but if the period of gestation is completed, the child is born, as a rule, sound and free, and will develop under favorable conditions the same as any other child. For obvious reason, it would not be prudent to allow a child to nurse its mother under such circumstances. I do not remember ever having seen tuberculosis in the young child, and I am sure, as stated above, that it is a very rare occurrence.

Tuberculosis is often transmitted from the husband to the wife, but it has been observed that the husband is not so liable to become infected from the wife, as the wife is from the husband. This discrepancy is due to the fact that the wife does not take sufficient exercise in the open air, she often assumes the duties of a nurse, and her constant care and devotion to her sick husband,

together with other duties and influences, such as location, etc., have a tendency to lower her standard of health below that of the normal, and without intelligent advice from the physician the sputum from the husband is allowed to dry on the floor, ceiling, handkerchiefs and other clothing. The wife is ignorant of these deadly germs, in the morning's bed-making and dusting, inhales the bacilli along with the inspired air, and in this way she becomes infected. On the other hand, if the wife be the subject of tuberculosis, the husband takes an abundance of outdoor exercise, and he does not assume any of the duties of a housewife.

PROPHYLAXIS.

In my opinion more can be done under this heading, by judicious management and timely advice, than in any other way. Oliver Wendell Holmes said: "One ought to be very careful in the selection of his ancestors." Those who are debilitated by age, disease, or any other cause should not be allowed to marry. This should be prohibited, not only because the offsprings of such persons frequently develop hereditary predispositions, but the onslaught of the disease often occurs soon after the marriage of such persons. My own experience confirms this statement. Quoting from Beddoes, we have the following: "When consumption is hanging about a girl, the distance between the marriage-bed and the grave is usually short with her. The husband, if he does not become a widower soon after the birth of the first child, may reckon upon a perpetually ailing wife."

In view of the fact that the sputa of a consumptive

contains a vast number of the bacilli, great caution should be exercised in the disposition of the expectorated matter. The patient should never be allowed to spit on the floor, ceiling, or any place where it is liable to dry and float through the air as dust. The expectorated matter should be received on paper or old linen and immediately burned. The oral and nasal cavities should be kept clean, and if the patient be a man all the beard should be removed from the face.

I cannot close this paper without urging the importance of every physician giving this subject special consideration. With our present knowledge, I do not see any ray of hope in specific medication. Koch's tuberculin would render guinea-pigs immune, but when experimented with upon man, it proved to be a signal failure, in many cases hastening the fatal issue. But by timely and judicious advice in regard to climate, diet, and habits of life, many can be cured and in almost every case, life can be prolonged and rendered comparatively comfortable. The treatment can be summed up in the following—reinforce the tissues.

A CASE OF POST PARTUM HEMATOMA.

By C. B. JACKSON, M. D.,

HORSE CREEK, ALA.

EMMA C., age 19, primipara, was confined January 9, 1897, and gave birth to a boy weighing 9½ pounds. There was nothing unusual in the labor; the first stage was tedious, lasting about 30 hours; the second stage was rapid enough, lasting only about 3 hours. The perineum was relaxed and yielded very readily,

there being no laceration. After delivery she complained of severe pain in the region of the right *labia majora* and perineum. I examined carefully, but could find nothing to cause the pain. I gave morphine to relieve the pain and left the house. On my return several hours later, I found a hematoma as large as a cocoa nut, occupying the labia and extending back in the ischio-rectal fossa, reaching as far as the tip of the coccyx and spreading out over the tuberosity of the ischium, filling the right half of the outlet of the pelvis, protruding into the vagina and reaching as high up as the cervix. The general condition of the patient was good. I ordered compresses with spirits camphor and applied cold over the swelling, and waited, thinking I would probably have to lay open the hematoma and search out and ligate the bleeding vessel. Pain soon stopped, however, and I had other evidence that the bleeding had ceased. The local application was continued for three days, when I found that the hematoma had burst just within the orifice of the vagina, and clots were being discharged from an opening that would admit two fingers. In order to hasten the discharge of clots and prevent septic infection, I irrigated the vagina and cavity of the hematoma twice daily with hot carbolized water. The functions of the bladder and rectum were interfered with and I had to use the catheter for several days; also enemata. By the tenth day the hematoma had disappeared, and there was nothing left but an offensive and sanious discharge, and a sinus, that would admit a finger, some three inches deep. She showed symptoms of septicæmia on the eighth, ninth

and tenth days, but I continued the irrigations and gave her Epsom salts Tr. Mur. Iron in large doses and the symptoms soon subsided.

At this writing, the seventeenth day after confinement, the discharge has ceased, the sinus is closing up rapidly, and the patient is able to sit up by the fireside (she doing the latter against my advice, however). This condition is one rarely met with by the general practitioner. (Occurring once in sixteen hundred cases.—American Text Book of Obstetrics). This case terminated very happily, and with much less damage to the patient than I expected.

SYNOPSIS OF ANNUAL ADDRESS.

BY DR. JNO. M. WHITESIDES,

OXFORD, ALA.

Read before the Calhoun County Medical Society, January 17, 1897.

THIS brings us to the end of another year's work as a medical society. It is fitting on these occasions that we take our bearings and see whither are we drifting. No enterprising business man allows the end of the year to pass without casting up a balance sheet to see what has been the reward of his labor. So, as we turn to take an inventory of the work of this society for the past year, we find we have increased in numerical strength. The average attendance has been rather small, but the number of medical papers has been too small for a progressive society. You will pardon me for speaking so plainly, when I say this society is

below what it should be. Calhoun county is one of the banner counties of the State, and its medical society should be one of the banner societies of the State. I am persuaded that the doctors of the county compare favorably with the other doctors of the State in intelligence, enterprise and industry. We need awaking along the lines of enthusiasm and co-operation. *The faithful few are making history.* And when the future historian comes to write the medical history of Calhoun county, let it be said that they were men of honor, eschewing evil, non-purchasable, faithful to their hypocritical vows, doing good, and well versed in the mysteries of their profession. Let us persuade all honorable medical men to come among us.

The peculiar difficulties in the doctor's life and profession, which the public cannot fully comprehend, should give the doctors a strong sympathy for each other. And if we would make the Code of Ethics the man of our counsel in medical matters, we would have less of the antipathy and jealousy for our brother practitioner. The study of medicine and surgery embrace a large and ever increasing field. None of us can hope to master the whole subject and utilize it in its highest development in every branch. We do well to thoroughly master any one branch and push it to a perfect development. I class myself among the young men of this society, but our science is so progressive, I have much of the worn out and foggy about me. Only recently has a three years' course been adopted by all reputable medical colleges, while the colleges in the lead require a four years', and recommend a hospital course

as supplemental to this before beginning the active practice. Most of the men in this society, or the county either, are graduates after a two years' course. So we had better look to our laurels, when this later addition of M. D.'s becomes our competitors. The very nature of our profession is such as to distinguish one from the laity, hence many seek to enter its folds who are unable to rise above mediocrity. Some fail on account of literary attainments, some on account of limited time and opportunity, some on account of limited means, many on account of their unwillingness to persistently apply their time and energy to the pursuit of the same subject until it is fully mastered. We are too easily satisfied with a smattering, we are too ready to receive somebody else's *ipse dixit*, without a logical and physiological reason. The medical colleges have been largely to blame for this over-production of mediocre physicians. The sentinels at the door have not guarded it well. The entrance has been gained too easily. I, for one, am in favor of raising the standard. I am not here to sit in judgment on my fellow practitioner and raise my hands in holy horror if one should question my wisdom in medical matters. No, for I, too, am a graduate after a two years' course, supplemented by a short post graduate course. Knowing our short comings, knowing the remedy, knowing our duty, let us attain unto it. If we don't, some of us will be fossilized before we are fifty.

To the Board of Censors I want to say, that you have everything to persuade you to elevate the standard of qualification of those that would seek the emolu-

ments and honors that our noble profession gives to its worthy sons and daughters. You have no argument that is worth the name that ought to induce you to be considerate or lenient towards any one who might come before you. The profession is full. The profession is poor. On account of idleness the profession has grown indifferent to study. On account of the over-production of physicians, his services are easily obtained and often are not appreciated and more often not rewarded. Hence the doctor is in danger of dropping into a life of denial, and poverty, and perfunctory routine.

I want to thank the members of this society for the honor conferred upon me in electing me its president. I have faithfully and willingly discharged the duties it has imposed upon me. Now, I want to speak for my successor your hearty co-operation. Make it a point to never fail to have something to say upon the subject assigned you. Let us make this a society alive with medical talk. Gentlemen, this is our society and we can make it what we will. A united effort on our part and success is ours. With division and dissention in our ranks, we are the laughing stock of our enemies, and a hollow mockery of a progressive society. Let there be no traitors in the camp. Let there be no drones in the hive. Let there be no baulking in the team, but a steady, ready, energetic, co-operative pull for advancement along all lines looking to our betterment, the society's betterment, and the betterment of those entrusted to our care as physicians, and an ever increasing success will be ours.

Selected Articles.

THE USE OF PROTONUCLEIN IN TREATMENT OF ULCERS.

BY LOUIS COHN, M. D.,

NEW YORK.

Reprint from the *New York Polyclinic*, November 15th, 1896.

It is a well known fact that of the regular clientele of a surgical dispensary, patients suffering from some form of chronic ulceration constitute the greatest number. Considering that treatment in such cases must extend over a more or less prolonged period in order to be successful, and that most of these patients possess migratory tendencies, which are carefully nursed by friends who are constantly recommending different doctors and dispensaries, it is not to be wondered at that in a great many instances the final outcome of a certain line of treatment cannot be fully observed. In my dispensary work it has been, therefore, a somewhat difficult task to test the various local applications in the treatment of chronic ulcers, and then to come to some definite conclusion as to their respective merits, for while a number of cases improved and others got well under each line of treatment, a great many remained uncured or the patient disappeared from sight before much had been done. The various methods of local treatment comprised the use of ichthyol 10 per cent., ung. diachylon, lead paint, acetanilid and bismuth, and strapping with diachylon plaster.

The best results were achieved by the application of the latter, but there were a number of cases where this

failed. In some of the patients the local treatment was supported by internal administration of remedies appropriate to the demands of the condition present.

We had just about concluded to award the prize of superiority to the use of the diachylon plaster, when a pamphlet describing the nature of Protonuclein reached our hands. The preparation of the drug is based upon the fact that all living beings possess some property which enables them to resist poisonous influences. Toxic germs in food, water or the air may be taken into the system or by direct local contact. The poison-resisting property is therefore existent in the blood. It is now well established that the element of the blood which possesses this property is the white blood corpuscle, or leucocyte, and that if the leucocytes are of sufficient number and possess their normal vitality and strength, the pathological or toxic condition will be overcome and health restored.

Nuclein, when formed in the blood, is the result of the action of leucocytes upon the proteids. When introduced into the organism it acts in two ways: first, by immediately exciting the action of each leucocyte, causing it to proliferate or break into nuclei (leucocytosis, —and the fundamental axiom of physiology is that the more active the leucocytosis the greater the vital resistance;—second, it furnishes to the leucocyte material which, under a depressed vital condition, it is unable of itself to construct from the proteids, while it so strengthens and increases the number of leucocytes that it over-powers the toxic germs. Thus it may be seen that Protonuclein, which is a combination of all

the nucleins of the body, is the true tissue builder and antitoxic principle of the organism. Protonuclein is derived from the lymphoid structures of healthy animals, without the use of any chemical. By a delicate mechanical process the nuclein is separated without changing the condition in which it exists in the organism.

According to the view of Dr. Wyeth, as given in his well known standard text-book of surgery, an ulcer is the result of molecular death in the integument of mucous membrane and the underlying areolar or submucous tissue. As molecular death is caused by a loss of nutrition in those parts, it looked to me as if Protonuclein was the magic agent that could restore life by stimulating the leucocytes and thus vitalizing the parts affected. I determined to give it a fair trial and asked the manufacturers for a supply of their Protonuclein Special Powder for local use, and their Tablets for internal use, of which they kindly sent me a generous quantity. I herewith submit a number of most unpromising cases treated with this agent with surprising success, and I honestly believe that a trial of the preparation will yield remarkable results in every case of stubborn and unyielding ulceration.

Case 1. Mr. S., aged 45, peddler, in good health, had had for 15 years a varicose indolent ulcer on right leg which had been open more or less all the time; size 4x8 inches; $\frac{1}{4}$ - $\frac{1}{2}$ inch deep, indurated edges, inert unhealthy granulations. Treatment with Protonuclein Special Powder dusted over surface of ulcer, after a thorough cleansing of the same with hot bichloride, 1,3000, and after applying at the first dressing pure car-

bolic acid to the base. On top of the powder over the ulcer a pad of absorbent gauze was placed, and over all a cotton bandage from foot to knee. This dressing was changed but twice a week. Time of treatment from Sept. 16th to Oct. 24th, 1895, when the ulcer was perfectly healed and a rubber stocking ordered.

Case 2. Mrs. A. G., aged 42, housewife. Varicose indolent ulcer, circular, $\frac{3}{4}$ inch in diameter, rather deep, with indurated edges; had had same for years, though several times closed up by treatment. Local treatment Protonuclein Special Powder and internal use of Protonuclein Tablets, as patient was rather anæmic and apparently of a weak constitution. Time of treatment twice a week, from Oct. 1st to Nov. 14th, when she was discharged as cured. Rubber stocking ordered.

Case 3. Mrs. K. G., aged 28, housewife. Had varicose ulcer on left leg for two years; size 2x4 inches, rather superficial. Local use of Protonuclein Special Powder from Oct. 7th to Oct. 24th, on which date the ulcer was perfectly closed; rubber stocking ordered.

Case 4. Mrs. D. A., aged 30, housewife. Varicose ulcer, irritable and painful, size $\frac{1}{2}$ x $\frac{1}{2}$ inch. Cured by four applications of the Protonuclein Special Powder locally. Time Oct. 10th to Oct. 24th, on which date she was discharged as cured.

Case 5. Mrs. M. L., aged 57, housewife. Had had a varicose indolent ulcer for about eight years, circular, about $\frac{1}{2}$ inch in diameter; indurated edges, base painful and filled with unhealthy granulations fully $\frac{1}{4}$ inch deep. Patient being rather anæmic she received the Protonuclein Tablets internally besides the local treat-

ment, to which was added at the first visit the application of pure carbolic acid. Time of treatment Oct. 28th to Dec. 22d, 1895, when the ulcer had healed perfectly. Rubber stocking ordered.

Case 6. K. L., aged 36, gripman on a cable road. In perfect condition except for an ulcer on his left leg, caused originally, about ten years ago, by a horse's kick, and owing to the nature of his work aggravated by a varicose condition of his leg. Ulcer was never entirely healed up, though he had been treated by a great number of physicians. During all this time he was constantly at work, but finally had to leave off working on account of the great pain caused by the ulcer. It was in this condition when he applied for treatment. The size of the ulcer was 4x6 inches, deeply congested around the edges, which were ragged and indurated. It was about two inches deep, going below the deep fascia; base covered with pus, the odor emanating from it being something frightful. This was one of the worst ulcers I had seen in many a day. After cleaning it thoroughly with hot bichloride solution, 1-3000, and applying pure carbolic acid in solution over the whole ulcer, Protonuclein Special Powder was dusted over it. Diachylon adhesive rubber put over this, and a cotton bandage firmly applied from foot to knee. This treatment, except the application of the carbolic acid, was given twice a week, and, though the patient was rather irregular, the ulcer healed within ten weeks. Considering the irregularity of his coming and the fact that he was at work day in and day out for 14 to 16 hours, I considered the good results in this case astonishing.

There is no doubt that in private practice, where the treatment can be applied oftener and patients are under better control, an acceleration of a cure can be brought about, but even under the severe strain of a dispensary test the results were so uniformly good that the use of Protonuclein in all ulcerative processes was found to be an ideal measure.

GONORRHOEA IN CHILDREN.

Fischer (*N. Y. Aca. of Med.*, Oct. 22, 1896) said he had not seen in children more than five cases of true gonorrhœal discharge, such as was seen in the adult, in seven years. They had, however, in the last two years treated at a large city dispensary not fewer than forty-two cases of true vulvo-vaginitis in children, and in twenty-four of these the gonococcus was found. In the majority of the cases the disease was a sequel of other diseases, especially diphtheria. The most obstinate of the cases came after diphtheria. In ten per cent. there was ophthalmia as well as vulvo-vaginitis. Dr. Valentine's statement that treatment should not be directed to removal of the germ was in accord with the view held for years by the speaker, that one should rather seek to bring the system up to as near the normal point as possible in all germ diseases, in order that the germs might have no culture medium suitable for their propagation. His treatment had been, in addition to the constitutional treatment, thorough irrigation of the vagina twice a day with warm salt solution, a tablespoonful of table salt to a pint of water, and wearing a pad of sterilized gauze during the intervals. Sometimes he used a solution of pyoktanin, 1 to 10,000; sometimes of bichloride solution, 1 to 10,000.



Cleanliness in Catarrh.—Dr. Edwin Pynchon, in an article in the *Annals of Ophthalmology and Otology*, calls attention to the widely varying formulæ of Dobell's Solution given by different authors, and incidentally mentions what is a really practical question in the treatment of naso-pharyngeal catarrh.

Numerous preparations are widely advertised as adapted for cleansing purposes in the nasal cavity, and are possibly of real merit, but the price asked for the product is so exorbitant, that to people of moderate means the expense is a serious factor, while to the poor it is beyond their purse, and in each case, after the prescription has, perhaps, been filled once, they cease its use, and go back to the home remedy of salt and water of varying strength, and usually with disastrous results.

The Seiler's tablets, made by different manufacturers, also vary in strength and composition, and our experience has taught us that several of those on the market cannot be used without causing great smarting and even pain.

The fluid used in cleansing the nasal cavities in both atrophic and hypertrophic rhinitis, should be of about the specific gravity of the serum of the blood, and this is acquired in the solution advised by Dr. Pynchon, which is as follows:

Ry Sodæ Bicarb	2	ounces
Sodæ Biborat	2	ounces
Listerine (Lambert's)	8	ounces
Glycerine	1 ½	pints.

One ounce of this formula added to a pint of water, yields a bland and pleasant alkaline solution with a specific gravity of 1.015.

The addition of the Listerine takes the place of the carbolic acid in the original formula, and is a decided advantage, as it imparts a pleasant taste, and is quite as efficacious as the acid.

The common use of Listerine and water should be superceded by the addition of the alkaline solution given, and in the preparation thus made, we have all the advantages of any cleansing agent, and it can be furnished at a price commensurate with all pockets.—*Atlantic Med. Weekly.*

Delivery in Case of Putrid Fœtus.—In the Gynecological Section at the Congress of German Naturalists and Physicians, Hr. Kehr (*Med. Press and Circ.*) brought forward the subject of "Delivery in Case of Putrid Fœtus." So long as the membranes were intact no harm was done, but after their rupture the mother became infected. Every dead fœtus should be removed with due regard to the mother, sparing her as much as possible. In case of very tight cervix, or contracted pelvis, it was best to do a Porro, taking care, however, to close the abdominal wound before amputating the uterus. He related the case of a woman who was brought into the Klinik in a febrile condition, whilst the cervix was still long and contracted. Dilatation was performed, and the woman died thirty-six hours afterward. It was seen after death that rents had been made in the process of the turning. A Dorro would have been better.

A discussion followed, principally relating to the indication for operation in the later stages of puerperal infection.

Mr. Freund said that in septic peritonitis operation was of no use; the patients died whether operated on or not. He had thought that it might be of use in suitable cases to extirpate the diseased ligament along with the internal spermatic vein, and tried it in two cases, but both died, and the autopsies showed that the thrombus reached up to the vena cava. In continued fever after placental operation total extirpation might be thought of, and also in intermittent fever, if tender cords could be felt on the placental side of the uterus. Experience showed, however, that the majority of such cases get well even without operation. There was only one indication for early operation, pyæmia from infected criminal abortion, but he had never seen a case recover.

Thorn proposed vaginal extirpation, but Fritsch opposed it; he said he had done it once in sepsis, and would never do it again.—*Memphis Med. Monthly*.

Obstinate Neuralgia Treated by Pressure.—Delorme (*Therapeutic Gazette*) presented to the Surgical Society a man who, because of violent neuralgia, had been subjected to amputation at the wrist. This brought no relief, and a second operation higher up was proposed. Delorme, however, treated him eight times by forcible pressure, giving entire relief. This pressure is applied by the thumb and finger. The most hyperesthetic areas are picked out and are pinched with all the force of the surgeon, who is relieved by a powerful assistant. Quenu holds that neurectomy is a serviceable procedure in these cases. Terrier points out that since the lesion is probably an ascending neuritis, secondary

to infection, it may resist all forms of treatment, or may spontaneously recover. The infectious nature of these troubles, however, cannot be sustained, since many wounds which do not suppurate are thus complicated.

Length of Period of Contagion.—According to the circular recently sent to the principals of all the educational establishments in France, the period of isolation after smallpox, scarlet fever and diphtheria must be forty days after the first day of invasion, sixteen days after chicken pox, measles and mumps, while after whooping cough attendance at school should not be allowed until thirty days after the coughing spells have entirely disappeared. Tuberculosis is added to the list of contagious diseases, and the principals are instructed to inform the parents if a pupil's bronchitis, enteritis, etc., persists after a certain length of time, as hygienic measures are required in these cases, life in the open air, etc., impossible to secure in educational establishments, where the crowded rooms, etc., are distinctly injurious to the patient, while exposing others to contagion.—*Jour. Amer. Med. Assn.*

Heredity of Cancer.—Manichon (*British Medical Journal*) discusses the question of heredity in cancer. He bases his observations on 23 families observed by himself, in which several members were affected. In these 23 families there were 69 cases of cancer, distributed as follows: 57 in the stomach, 4 in the uterus, 3 in the breast, 3 in the rectum, 1 in the bladder, 1 in the liver. Of the 57 cases occurring in the stomach, 41 were in males, 16 in females. In 11 families the heredity was exclusively in the male line, in 5 in the female; in 6 families both sexes were equally affected. Moreover, 14 out of 22 families showed cancer in the stomach and

of these the males were affected in 8. It appears, therefore, from this paper that heredity in cancer should be no longer doubtful. The author also points out that the special form of cancer is itself hereditary.

Ichthyosis in Children.—As to its treatment by thyroid gland and pilocarpine nitrate Walsh (*Med. Press and Circ.*, vol. 62, No. 3007) writes exhaustively. His main conclusions are :

1. That ichthyosis may be controlled, if not actually cured, by thyroid gland and jaborandi, or its active principle, pilocarpine.
2. That external routine treatment by means of baths and inunctions is a necessary adjunct.
3. That thyroid gland is well borne by children.
4. That the action of the gland on the skin may be greatly aided by nitrate of pilocarpine.
5. That, on the whole, this combined treatment (external and internal) gives better and more lasting results than any hitherto introduced.

Some Points of Interest in Registration of Physicians in Massachusetts.—Chapter 230 of the Massachusetts laws, passed in 1896, provides that all applications for registration as physicians or surgeons under the provisions of chapter 458 of the acts of 1894, shall be made upon blanks to be furnished by the board of registration in medicine, and shall be signed and sworn to by the applicants. It further requires that such board shall examine all applicants, and only such as are found qualified and shall give satisfactory proof of being twenty-one years of age and of good moral character shall receive certificates of registration as provided in said act; provided, however, that said board shall register without examination any applicant whom it may find to be

of good moral character, of more than sixty years of age, and a graduate of a generally chartered medical college having power to confer degrees in medicine, and who has been a practitioner of medicine in the commonwealth of Massachusetts for a period of ten years next prior to the passage of this act (which act was approved April 1, 1896), and who otherwise complies with the provisions of this act. Said board may, by unanimous vote, after a hearing, revoke any certificate issued by it to, and cancel the registration of, any person convicted of any crime in the practice of his professional business, or convicted of a felony. Any person who shall practice medicine or surgery under a false or assumed name, or under a name other than that under which he is registered, or shall personate another practitioner of a like or different name, shall be punished by a fine of not less than one hundred dollars nor more than five hundred dollars for each offense, or by imprisonment in jail three months, or by both.—*Jour. Amer. Med. Ass'n.*

A New Suture Material.—Dr. L. Arangina (*La Clinica Chirurgica*, August, 1895,) has prepared sutures and ligatures from the parietal peritoneum of cattle or horses. This is dissected off, cut into strips of various widths, twisted into cords, and dried for two to four days. The strands thus obtained are freed from fat by soaking in ether and are made sterile by soaking in a 2 per cent. solution of corrosive sublimate in alcohol. They are preserved in a weaker solution of the same character. He claims that these sutures are easily prepared, are strong, are absorbed without difficulty, and are easily sterilized. They are certainly less liable to contain bacteria or other micro-organisms than the submucous layer of the intestine, which is the common ma-

terial used for "catgut." Arangina also sterilized his material by placing it in oil of juniper for ten minutes, heated to boiling and preserved it in absolute alcohol.—*Boston Med. and Surg. Jour.*

The Mechanical Treatment of Ingrown Toe-nail.—Dr. Henry Ling Taylor, of New York, recommends in the *International Journal of Surgery* the following method, modified from that advised by Mr. Masters, of England: A flat strip of silver, one-hundredth of an inch thick, one-eighth of an inch wide, and one inch long, is bent into the shape of a fish-hook. The toe having been cleansed with peroxide of hydrogen and moistened with a solution of cocaine, the hook is inserted under the lateral edge of the nail so that the shank of the hook curves over the side of the toe and lies close to it. The greater the ulceration the less pain in inserting the hook. It is retained in place by adhesive plaster or a bandage. The hook not only protects the flesh from the nail, but it exerts a lifting action on the nail. After a few hours the patient suffers no inconvenience from the hook, and in a few days the swelling subsides and the granulations become more healthy. It is well to wear the hook for several weeks after the tissues have healed.

Antitoxin in Diphtheria.—Bieser (*Pediatrics*, vol. 2, no. 12) thus summarizes an interesting report of a series of cases of diphtheria treated with antitoxin:

1. Inject antitoxin only in cases which you know to be true Klebs-Loeffler diphtheria.

2. In doubtful cases, in cases where the bacteriological examination is negative, and in cases which clinical experience teaches you are likely to respond badly to antitoxin, avoid it.

3. Do not inject antitoxin indiscriminately; in most cases no harm is done, but trouble may result and you may give false impressions as to the value of antitoxin in the treatment of diphtheria.

Purulent Discharges from the Middle Ear.—This is a subject which is deserving of much more attention from general practitioners than it usually receives. Such cases, if neglected, are not only a menace to hearing but even to life itself, particularly in children, in whom the part of the temporal bone between the aural cavity and the brain is often as thin as tissue paper. The treatment of chronic suppurative otitis media is discussed in a practical manner by Norton L. Wilson in the *New York Medical Journal* of March 28. The first point, he says, is the thorough removal of all secretions and debris. This is usually accomplished by syringing with slight force through the external meatus an aqueous solution of common salt or boric acid, twelve to sixteen ounces three or four times a day. If the discharge is offensive, Dr. Norton uses a five per cent. solution of permanganate of potassium, a one-half per cent. solution of carbolic acid, or even corrosive sublimate 1-10000. The latter should not be intrusted to the patient himself. After cleansing the cavity in this manner the writer instills into the ear a twenty-five per cent. solution of neutral hydrogen peroxide and forces out any remaining with the Politzer bag. If this procedure fails, inflation may be performed with the Eustachian catheter, and any loose material in the cavity of the tympanum can be cleared out with a medicine dropper. Where syringing is contraindicated on account of giddiness and other unpleasant effects, we may try mopping out the middle ear with absorbent cotton and dropping in a little alcohol. If the perforation is

too small for thorough cleansing of the cavity, it is better to enlarge the opening. All debris, exudations, polypi, granulations and necrosed bone must be removed, the general health looked after, and above all any nasopharyngeal troubles should receive due attention.—*Denver Medical Times*.

The Best Method of Fumigation.—Kinwood in the *British Medical Journal*, ably defends the old official process of fumigation with sulphur dioxide gas, which has been attacked on theoretic grounds by some bacteriologists. The simplicity of the old method, as he truly remarks, is a strong commendation, as also is the fact that it cannot be slighted. In regard to its efficacy, 1,330 London premises fumigated with SO_2 showed only 4.1 per cent. of recurrence of scarlet fever and diphtheria within fourteen days, and certainly not all of these instances should be ascribed to imperfect disinfection. A quadruple series of chemico-bacteriologic experiments performed by the writer with SO_2 proved that one-fourth of one per cent. of this gas in the atmosphere markedly inhibits diphtheria bacilli, while a half per cent. destroys these germs within four hours. Burning one pound of sulphur to each thousand cubic feet of space yielded .88 per cent. of the dioxide in the center of the room.

La Grippe.—After commenting on the recent increase of influenza in the city of Philadelphia, Dr. S. Solis-Cohen (*Polyclinic*, Oct. 17) elicits some practical points in diagnosis and therapy from his individual clinical experience. The nervous, gastric and thoracic cases he thinks are about of equal prevalence. The grip is readily discriminated from other types of bronchial and

pulmonary affections by the shifting of the areas of physical phenomena, marked irregularity of temperature and the disproportion between symptoms and physical signs. Severe nervous forms of the disease may for a few days simulate meningitis. Gastric-intestinal cases sometimes bear a close resemblance to enteric fever, and indeed the two affections may commingle or one supervene upon the other.

A tendency to cardiac weakness has been noted in all the cases under the writer's observation. As a rule strychnine continues to be the drug most to be depended upon for this danger. The writer recommends using the drug in frequent small doses, as one-half milligram every hour or two for six to ten doses, then intermitting for the remainder of the twenty-four hours. Antipyretic drugs, says Dr. Cohen, are always useless and generally harmful, and should not be given under any circumstances, even to relieve pain. Cool sponging fulfils all indications as to fever. The power to endure high temperature is one of the marked characteristics of the disease, and in some instances persistent low temperature becomes a danger signal. Such cases are relieved by the external application of heat and the internal administration of fluid extract of coca. For severe pain and obdurate insomnia codeine seems to be the best agent. The remaining factors in treatment comprise rest and warmth in bed, easily assimilable food at moderate intervals, and due attention to the secretions and excretions.—*The Denver Medical Times.*

The Treatment of Constipation.—Dr. T. Louder Brunton regards this symptom as the reaction of a healthy organism to unfavorable surroundings, viz., too soft food, too little water, or too little exercise. For the

first, one may advise bread, either made of the whole grain or with more or less bran; vegetables in abundance, either cooked, as spinach, cabbage, broccoli, Brussels-sprouts, cauliflower, carrots, turnips, parsnips and the like, or raw, as tomatoes or celery. Fruits are of advantage—melons, apples, oranges and figs. When stewed prunes are inefficient in keeping the bowels open, some senna leaves may be tied in a bag and placed in the receptacle in which the prunes are to be stewed. This plan has often been successful when the ordinarily stewed prunes have failed. Sugars in themselves are useful laxatives. A favorite addition to the breakfast is marmalade which contains vegetable salts, sugar, and also the hard skin of the orange cut into small pieces, which are rather indigestible and give a mechanical stimulus to the bowels. Water, insufficient in quantity or abnormal in quality, is a cause of dryness of the bowel, which results in constipation, which may be lessened by the taking of a tumblerful of hot or even cold water on rising in the morning and on going to bed. For waters from a chalky soil, some of the bottled waters, soda, potash or aerated water, should be substituted. The habit of evacuating the bowels at a certain time should be formed; at night if the patient suffers from hemorrhoids. Exercise is of advantage, massage, rubbing the bowels in the direction taken by the hands of a watch, are also useful. In delicate women, especially those suffering from ovarian or uterine trouble, exercise may be harmful. In defecation where the floor of the perineum is lax it may be necessary to press the fecal mass forward in something the same way in which the accoucheur turns forward the child's head. Open-air defecation causes a stretching of the floor of the pelvis and affords support to the fecal mass as it is forced backward by action of the

abdominal muscles. This can be imperfectly imitated in the closet by the patient leaning forward to an acute angle. In some cases hydropathic treatment is useful, wet compresses to the abdomen two or three times daily and sitz baths, cold in summer and with the chill taken off in winter.—*The Lancet.*

Varia.—An Odd Case of Incomplete Accidental Strangulation.—Dr. N. Pistis, of Cairo, reports that in October he was called in haste to a patient who was vomiting blood. On his arrival he found a young man seated on his bed and much disfigured. His eyelids, lips and nose were much swollen and discolored; the eyes were red and projected from their orbits; the ears and the rest of the face were much congested.

Upon seeking the cause of this condition I noticed a furrow around the neck similar in appearance to one caused by a cord. Congestion was above this furrow only. There had been no attempt at suicide; on the contrary, the patient was very much worried at finding himself in this condition, the reason for which he could not understand. He had just taken his customary "siesta" and had told his landlord to awaken him at 2 o'clock. At the appointed time the landlord had rapped at his door. Groans were heard, and then the patient came in the condition I found him in and opened it.

While hearing the story I examined the patient and found that the furrow on the neck ended in front in a kind of depression. This put me on the right track; the patient had fallen asleep with his shirt buttoned at the neck; it had slipped during his sleep and caused commencement of strangulation that would have doubtless ended fatally had he not been aroused.—*Independence Medical.*



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Hold Up the Standard.

In writing to the physicians of North Alabama, and soliciting a report from the different medical societies, we have been specially impressed with the many suggestions made by the physicians in answering our inquiry, and more especially with one of our correspondents. He says that the best way to make a county medical society flourish, is to *loosen the code of ethics*. Just what is meant by "*loosen the code of ethics*" we are not able to say, but are left to draw our own conclusions. We can't say that we have any suggestion to make, or any time to argue with a physician who would build a society of *medical men* on this line. A physi-

cian, who, in this day, does not appreciate the importance of maintaining, in a conservative way at least, the code of ethics, is too small in his conception of the medical profession for us to entertain the hope of showing him why the code is scrupulously observed by the best men in the profession. Never in the history of the medical profession was there a time when the physicians should more loyally stand by the code and uphold the standard. As is outlined by Dr. Jno. M. Whiteside in his address before the medical society of Calhoun county, "the profession is crowded." Young and inexperienced men are filling up the ranks. Shall they have an example set before them by the older members of the profession worthy of emulation? Dr. Heacock, the president of the Talladega County Medical Society, makes many good suggestions, which should be read by the physicians of the State. (Dr. Heacock's address and a synopsis of Dr. Whiteside's address are published in this issue of *THE AGE*.) Dr. Senn, the president of the American Medical Association, very correctly says: "The medical profession should support and stand by the code of ethics, as they do the constitution of the United States." Could it be made stronger?

The colleges are teaching, and demanding, a higher standard of proficiency on every line, and a clear and well defined conception of the code of ethics is also demanded of every student, before he is entitled to a "diploma," from every medical college which honestly and earnestly seeks the highest and best good of the medical profession. In upholding the standard, the medical profession is held together in its highest degree

of integrity, and is enabled (in this way and in no other) to continue in its onward progress and wonderful achievements. There is nothing hidebound about the code. The greatest field of liberty is given to the honest, conscientious physician—no barrier in the way of honest investigation, improvement and development. Then again, let us uphold the standard, in the city or in the country; in the front rank, or at the *tail end*; rich or poor, stand by the code, and enjoy an honest record on the side of right—right to yourself, to your medical brethren, and to the grandest profession under the sun.

The Doctor's Mistakes.

In the New York *Medical Record* of recent date, we find the following pointed discussion of a subject which may be read with profit:

“In all our relations with our patients, it is the safer and better rule to be more than cautious in our temptations to think aloud in their presence. A discreet general guards his line of possible retreat with as much care as that of attack, concluding that while it is quite bad enough to be defeated, it is still worse to be hopelessly bagged by the enemy. The older practitioner need not be told that the practice of his art is constantly beset by startling surprises. Patients not only get well who should die, but many die without ostensible scientific reasons. To reconcile these constantly recurring experiences makes him an ever ready trimmer to circumstances, and an adept diplomatist with shifting fortune. While apparently knowing everything, he finds it eminently fitting to know little and say less. The

loophole of expediency is as essential to him as are his advice and prescription to his patient. He learns to be astonished at nothing, and always on the lookout for the unexpected."

A Warm Discussion.

Under the above heading in the *Texas Medical Journal*, Drs. Smith and Mathews, of Austin, Texas, have a heated discussion on the use of carbolic acid, full strength. After an abortion Dr. Smith says that a physician should be indicted for manslaughter in case of the death of the patient. Dr. Daniel, the erudite editor of that splendid "*Old Red Back*" journal, concludes a short comment on the controversy in this way:

"It is strange how great minds will differ. Now—this great mind—yours truly, ye writer, ye senior—if called on for an opinion on the subject of the use of pure carbolic acid applied to the endometrium—would have been rather inclined to say—as Mr. Bumble did of the law—that any man who would do it "is a hass," with a capital H. Yet, had we expressed any such opinion, we know we should have been severely censured.

"If Dr. M. had gone a little farther back, and said, in speaking of abortion, any man who would procure an abortion for other than strictly legitimate reasons, ought to be *hanged*, in this sentiment I am sure Dr. Smith and every other honorable doctor would have heartily agreed with him, and there would have been furnished abundant additional matter for a display of the good doctor's choice invective. But, the cause of the abortion was not the subject of discussion; that's another story."

Editorial and Miscellaneous Notes.

TONGALINE and Lithia Tablets is a most excellent remedy in the treatment of rheumatism.

THE advertisement in this issue of THE AGE of Mc-Kesson & Robbins is of special interest to the physicians.

DR. T. A. CASEY, of Albertville, Ala., will leave in a few days for New York, where he goes to take a full course in the New York Polyclinic and Medical School and Hospital.

THE New York Polyclinic Medical School and Hospital, which was injured by fire a few months ago, will soon be repaired, and everything will be in first class condition to continue the work of this splendid school.

WE call attention of the readers of THE AGE to the page ad. on first (inside) cover of this issue of Ingram's Lithia Water Co. This water has been thoroughly tested and is much superior to many other waters on the market. Write to them for samples of it.

DR. F. P. LANDERS, of Hoke's Bluff, Ala., one of Etowah's best citizens, a good, conservative and successful physician, and a substantial friend to THE AGE, sends us \$2.00 and renews his subscription to '98. If all our friends would do likewise, THE AGE would flourish like a "garden of roses."

UTERINE DERANGEMENTS.—I have used Aletris Cordial in my practice for over a year, and to say that I am pleased with it does not nearly express the degree of my satisfaction. Aletris Cordial fills a long-felt want with me. Symptoms attending uterine derangements have always been perplexing to physicians, but with this remedy the trouble vanishes as dew before the rising sun.—*L. M. McLendon, M. D., Georgiana, Ala.*

DR. A. A. MCKITTRICK, of Evergreen, Ala., is one of the most prolific writers on our list. We enjoy him. He is a friend to THE AGE; has been a subscriber from the jump, and continues to send in \$2.00 and write us good letters. He is faithful and loyal to the State Medical Association—always on hand. He wants his (Conecuh County) medical society to be the best in the State, and if Joy, Bruner, Stallworth, McCreary, Snead, Shaw and Taliaferro don't give him the best things at the next banquet—they ought.

WE are in receipt of a copy of a decree just granted in the United States Circuit Court, Northern District of Illinois, against Geo. P. Engelhart & Co., of Chicago, in favor of the Sultan Drug Company, of St. Louis, and prohibiting the former from publishing what purported to be the working formulæ for Cactina Pellets and Seng, two preparations manufactured solely by the Sultan Drug Company, leading, by their publication, the public and profession to infer that their manufacture is public property. The decision is an important one, and the Sultan Drug Company is to be congratulated.—*Ex.*

IN irrigating these cases, we may use the solution of bichloride of mercury, carbolic acid or any other medication which individual preference may suggest; for my part I employ a solution of Tyree's antiseptic powder, which consists of borax, alum, carbolic acid, glycerine, and the active principles of thyme, mentho, gaultheria, and eucalyptus scientifically combined.

EVERY now and then we get a letter about like the following: "I never run any bills. I pay cash for everything I get. I did not order your journal this year." This in reply to a dun for the year's journal. A man who will take any journal—not ours alone, for there are others—out of the post office regularly for eight, nine or ten months, then when asked to pay for it write a letter like the above, has a soul smaller than a mustard seed, and his honesty could not be found in a thousand years' search with a microscope.—*Texas Health Jour.*

ADHESION OF PLACENTA, WITH HEMORRHAGE.—I had a bad case of adhesion of placenta, with dangerous hemorrhage. With ergot and Sanmetto the danger was at once removed, and by continued use of Sanmetto, patient, although very weak from loss of blood, improved rapidly, and is now up and about the house helping about her work. In sixty years' practice, with an attendance upon more than three thousand child-births, I have used no medicine that seemed to hit the case better than Sanmetto in this instance. I am now in my eighty-seventh year and have practiced since 1832.

S. G. MATSON, M. D.

Viola, Iowa.

IMPERIAL GRANUM.

Syracuse, N. Y., Dec. 11, 1896.

John Carle & Sons, New York City:

Sirs:—During the middle of November I had an attack of pneumonia with very great difficulty in digesting my food; on trial of the various foods of which I had an abundance of samples, I found none so palatable and easily digested as Imperial Granum.

Truly yours, ———, M. D.

BOVININE.—The medical profession has been for many years familiar with Bovinine as a nutrient. It has been recognized for a long time as one of the most desirable blood-makers, in the form of nutrition, presented to the profession. Blood, and blood alone, is physiologically ascertained to be the essential and fundamental principle to advance the repair in the human system, and this principle is now proved by constant clinical experience to be particularly available to the system in all cases to any extent, internally or externally. The profession may not be familiar with the admirable results that would follow the local application of Bovinine to ulcerated surfaces. It is well known that blood itself when covering a wound, if fermentation be prevented, is one of the best stimulators of healing. Bovinine, which is a form of ox blood which cannot ferment on account of the treatment which it has received, is quite as efficient as a local application to wounds and particularly to indolent ulcers. We advise all physicians interested in the subject to communicate with and secure literature from the Bovinine Company, No. 495 West Broadway, New York,

A JOY TO ITS FRIENDS AND A TERROR TO ITS FOES. —“A journal that gladdens the heart and delights the understanding every month is the *Texas Medical Journal*, Austin, Texas, otherwise known as the “*Red Back*.” As Chimmie Fadden would say, *it is up to de limit*. Standing for the ethical in both medicine and journalism, it is the uncompromising foe to the medical pretender and adventurer. It is a joy to its friends and a terror to its enemies; *suaviter in modo, fortiter in re*. There is but one *Texas Medical Journal*, and Brother Daniel is the editor thereof. May its vigor never perish, nor its complexion fade.”—*Atlanta Medical and Surg. Journal*, January, 1897.

DR. W. B. ARBERRY, of Jacksonville, Ala., the efficient health officer of Calhoun county, and one of the most consistent, loyal and faithful members of the Calhoun County Medical Society, writes us and says: “Enclosed find check for \$2.00, subscription for 1897. Let THE AGE come on.” Dr. Arberry was among the first names placed on our subscription list, when we began the publication of THE AGE, and with that regularity of a clock, in keeping with the make up of the man—a true citizen, true to his profession, true to his church, true to his friends, and true to his home journal—he never forgets to send a check at the first of the year to THE AGE. Such a doctor will prosper here below and get to the good world when he dies.

THE Calhoun County Medical Society has in Dr. W. H. Bell, of Oxford, Ala., one of the most active, competent and faithful secretaries to be found in the State of

Alabama. The doctor is not only popular with his colleagues, but he is devoted to the best interest of his profession and strives, especially in his official capacity, to do his full duty. Not only does he urge all the members of the Society to attend the meetings, but he is always on hand himself. Such a secretary is invaluable to any medical society. (Every society in the State should be careful to elect their very best men to this important office.) The State Medical Association elected Dr. Bell a counsellor, and made no mistake in the selection.

ONE of America's most eminent physicians writes regarding "Gude's Pepto-Mangan": "I have used Gude's Pepto-Mangan with splendid results, and now I prescribe exclusively the preparation in cases of Chlorosis, as I have found it the best Haemoglobinogenetic remedy in the market." Dr. Hugo Summa, of St. Louis, and Dr. Karl Von Ruck, of Ashville, N. C., have both written elaborate reports based upon clinical experience and microscopical evidence as to the value of the Pepto-Mangan (Gude) as a maker of red blood corpuscles. Any physician can secure these reports by writing to M. J. Breitenbach, 56 Warren street, New York City, New York.

MARAGLIANO'S SERUM IN PULMONARY PHTHISIS.—Dr. A. Fosano has a very long article on this subject, where he finds that wonderful results are to be obtained with this serum. It is the same old story—90 per cent. of cures or marked amelioration of symptoms in all practicable cases. Those interested will find the article in the "Archivio Internazionale di Medicina e Chirurgia, XII, 1896."

FROM *Love's Lance*, of February, 1897, we cull the following good suggestions:

—Keep in, to the most pronounced degree, the procession of the medical profession, keep in the front of the procession, in the band wagon if you can, if not, somewhere along the line even at the tail end, don't drop out—the doctor who drops out of the procession, or hesitates, is lost—in other words make up your mind to keep ahead of the times rather than behind them.

—Seek wisdom rather than gold, but it is the part of wisdom not to despise gold for it is very handy to have within reach, but forget not that while a grain of gold will gild a great surface, yet will it not gild so great a surface as a grain of wisdom.

—Remember that sympathy is one of the great secrets of life. It overcomes evil and strengthens good. It disarms resistance, melts the hardest heart, and develops the better part of human nature. Dr. Samuel Smiles was right when he said "Love one Another contains a gospel sufficient to renovate the world."

—I take it that doctors are more fortunate than men in any other calling, for the dreary round of their daily lives draws upon and develops their sympathies and finer sentiments. Unquestionably they often do more good by their sympathy than by their drugs and labor. Would to God that they would sympathize with each other one hundredth part as much as they do with their patients. Cultivate sentiment and a love of the sentimental. A hog has no sentiment and that's why I have no use for a hog; he is only fit for pork and pepsine.

—As a part of sentiment cultivate friendship among your patients and above all among your colleagues. Says Thoreau, "Think of the importance of friendship in the education of men. It will make a man honest; it will make him a hero; it will make him a saint. It is the state of the just dealing with the just, the magnanimous with the magnanimous, the sincere with the sincere, man with man.

—But above all, cultivate the desire the power to love. Realize to the fullest that ignorance and bungling, with love, are better than wisdom and skill without. There may be courtesy, there may be even temper, and wit and talent and sparkling conversation, there may be good will even, and yet the humanest and divinest faculties pine for exercise. Our life without love is like coke and ashes. Henry Drummond is right in the thought that "the greatest thing in the world is love." Rule out love and friendship and indeed life is a hollow mockery; a shallow farce, not worth living.

CONECUH COUNTY MEDICAL SOCIETY.

The Conecuh County Medical Society, according to adjournment and announcement, had a called meeting Thursday, 4th inst. The following members were present, viz: Drs. P. M. Bruner, Andrew Jay, E. L. Stallworth, R. A. Lee, Marcellus McCreary, J. C. Snead, W. C. Shaw, Carl Rubach, C. T. Taliaferro, and A. A. McKittrick.

The following members were absent, viz: Drs. H. T. Fountain, R. T. Holland, W. B. Shaver, T. M. McMil-

lan, J. A. McCreary, and F. L. Tatum. Dr. Jacob Frank Betts, of Monroe, participated as a visitor

The following officers were elected by acclamation for the ensuing year, viz: Dr. P. M. Bruner, president; Marcellus McCreary, vice-president; A. Jay, secretary, treasurer, and health officer. The following are the censors who constitute the Board of Health, viz: Drs. P. M. Bruner, A. Jay, R. T. Holland, Marcellus McCreary and J. C. Snead.

The following preamble and resolutions on the death of Dr. Jerome Cochran were adopted, and ordered to be published in the ALABAMA MEDICAL AND SURGICAL AGE:

Whereas, The Great Dispenser has removed from the scenes of his labors and usefulness, Dr. Jerome Cochran, State Health Officer, whose life and character are entitled to our highest admiration and appreciation, on account of his beneficent services to the medical profession and State, who was a medical philosopher and public benefactor, and one who in classic language, "exegit monumentum ære perennius," (he has himself reared a monument to his memory more lasting than brass), therefore by the Conecuh County Medical Society be it,

Resolved, first, That we bow in humble submission to this bereaving dispensation, recognizing the incalculable loss sustained, and the goodness of an all-wise God for having vouchsafed unto us the earnest and devoted labors of the deceased for the advancement of the interests of our people and the medical profession.

Resolved, second, That we profoundly sympathize with the bereaved family, and feel the consciousness of a great loss. That we bear testimony to the upright man, of sterling worth, who was thoroughly honest, unswerved in his conception of duty, and ever

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swayed by the loftiest principles of right, whose spirit has gone to the realm "where the wicked cease from troubling and the weary are at rest," leaving behind him a rich legacy in the memory of good deeds, a pure life, full of arduous toils, but exhaling the fragrance of an example of virtue, tenderness and affection.

Resolved, third, That in token of our sorrow and condolence with the family of the deceased, a copy of these proceedings be sent to them, and another to the ALABAMA MEDICAL AND SURGICAL AGE for publication.

It was urged that all members strive to be present at the next quarterly meeting, the first Wednesday of April, prox., in order to secure a representation at the annual session of the State Medical Association, which convenes at Selma the third Tuesday in April next.

After adjournment the society repaired to the residence of Dr. P. M. Bruner, convening in his elegant parlor, awaiting the repast to which he had cordially invited it. In due time the summons came to enter his dining room. All took seats around the dining table and partook of substantial viands densely spread and wholesomely prepared, consisting of pork and chicken in divers styles, turkey, a profusion of farinaceous substances, condiments, etc. It was the anniversary day of Dr. Bruner's birth. He is in his sixties. His wife and daughter, Mrs. Sophie Binion, were the waiters. All were promptly served by their active, deft and graceful movements, far surpassing ladies at sixteen. It was an enjoyable occasion.

Dr. Marcellus McCreary proposes to tender a banquet to the society at the next regular meeting.

MEMBER.

A RARE FORM of vicarious menstruation has been observed by Dr. Dswiemcinski (*New York Med. Times*), where a female, menstruating first in her eighteenth year, married at the age of twenty-four. After a childless marriage of ten years her husband died. Three months before his death her menses disappeared for the first time, while at the same time a colossal swelling of the right mammary gland appeared in their stead. A large quantity of colostrum could be pressed out. At the same time there were pains in the breast which radiated into the arm. These symptoms lasted for three days and gradually disappeared, to reappear every month in place of the regular menses. The left breast was unaffected. He has observed this peculiar phenomenon six times. Dr. Cook, who was with the Peary expedition, says the Eskimo do not begin menstruating till they are eighteen or twenty years old, yet they have children at a much earlier age, and suggests that this is a proof that there is no necessary connection between ovulation and menstruation.—*New York Med. Times.*

THE USES OF FRUITS.—Of all the classes of nature's edible productions that of fruits is most esthetic and pleasing to the senses. That fruit alone will not sustain life for a prolonged period is true, but that the organic salts and acids of fruit are necessary to the maintenance of perfect health is equally correct. Prof. A. R. Elliot (*Dietetic and Hygienic Gazette*, November) summarizes the uses of fruit as follows:

1. To furnish variety to the diet.
2. To relieve thirst and introduce water into the system.
3. To furnish nutriment.
4. To supply organic salts essential to proper nutrition.

The Age's Own Page.

A GOOD friend to THE AGE and one of the best doctors in the State of Mississippi, writes us, and has a kind word for THE AGE. He says: "Your journal is a credit to Alabama, and the physicians of the State should be proud of it."

* * *

ONE of Talladega's physicians concludes a letter to us with the following: "I enjoy THE AGE. Allow me to say I believe it improves steadily. With regards for yourself and good wishes for both you and THE AGE,

"Yours fraternally,

"W. GROCE HARRISON, M. D."

* * *

OUR friend Dr. R. H. Duggar, not only sends us the following good letter, but sent \$2.00 and renewed his subscription to '98:

GALLION, ALA., Feb. 3, 1897.

Dr. J. C. LeGrand:

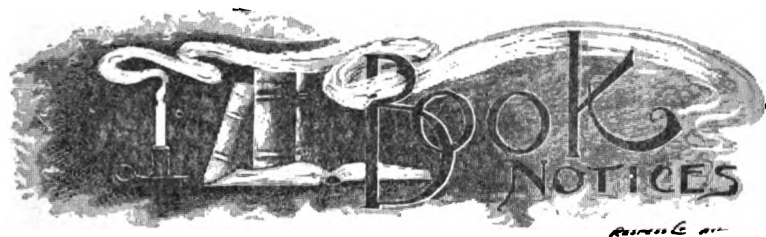
My Dear Doctor:—An Italian poet has said—in a dreamy trip to the moon—that he found,

"All things lost on earth were treasured there."

And so too *advice*, I presume,—it is in such heaps and mounds there, like unto monumental hills!

You ask your readers for suggestions to make THE AGE a greater success. Now I should say (with all due deference) hold it to the standard of the January number and all will be well. The original articles, selections and editorials were very interesting and high class, even to the advertisements. Continue to lead trumps and you'll win the tricks. Then if the subscribers in turn will forward their "pay" at the close of the year, in business style, the editor will rest quite easy in his chair, and know where he is "at."

Cordially yours, R. H. DUGGAR, M. D.



LEPROSY AND THE CHARITY OF THE CHURCH.—By Rev. L. W. Mulhane. Cloth, pp. 155. Chicago and New York: D. H. McBride & Co.

We have read the little book with much interest and profit. The cuts in the book are good and convey a good idea of the effects of this disease. One of our exchanges says of the book (*Med. and Surg. Report*):

“This is mainly a compilation of facts well-known in connection with the history of leprosy in its development in this country and the Sandwich Islands, published before by the author. It is interesting reading from a lay point of view, but the thought arises that the “leprosy” ascribed to some of the heroes of the middle ages—such as Robert Bruce and Richard Coeur de Lion—has generally, in medical circles, been understood to have been of the variety known as “tertiary syphilis.” The note of warning sounded upon the possibility of the increased spread of the loathsome disease is a timely one, and none too much credit has been given those brave devotees who have risked their lives here and elsewhere for the relief of the sufferers.”

THE PHYSICIAN'S VEST-POCKET FORMULA BOOK, published by McKesson & Robbins, will be found very useful to the practitioner. It contains a table of

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weights and measuses, antidotes to poisons, various tables of reference, and a very complete series of tables, showing the composition of foods and alcoholic liquors. These tables should prove valuable to the physician in cases where special attention to dietary is necessary. The book also contains an extended series of notes on some of the new pharmaceutical preparations and a complete list of formulæ of the McK. & R. Gelatine Coated Pills. A copy will be sent free of charge to any of our readers on application to McKesson & Robbins, 91 Fulton street, New York.

AUTOSCOPY OF THE LARYNX AND THE TRACHEA. (Direct Examination Without Mirror). By Alfred Kirstein, M. D., Berlin. Authorized Translation (Altered, Enlarged and Revised by the Author) by Max Thorner, A. M., M. D., Cincinnati, O., Professor of Clinical Laryngology and Otology, Cincinnati College of Medicine and Surgery; Laryngologist and Aurist, Cincinnati Hospital, etc. With Twelve Illustrations. One Volume, Crown Octavo, pages xi-68. Extra Cloth, 75 cents, net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-second Street, New York; 9 Lakeside Building, Chicago.

The little book before us is the second edition, which has been revised, and contains much more material than did the first edition. The plan outlined by the author of examining the larynx and trachea direct, without a mirror, will be studied with much interest by the reader. The author says: "It is needless to say that I consider the *autoscopic* examination of the air-passages, as developed by *Kirstein*, the most important addition to our technical resources made since the discovery of the laryngoscope by *Garcia*. And I have no doubt that henceforth every one who wishes to master the technique of laryngology, will have to familiarize himself with this, after all, astonishingly simple method of laying the air-passage open to direct inspection.

The Alabama Medical ^{and} Surgical Age.

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MARCH, 1897.

No. 4.

Original Communications.

**HYPERTROPHIC ELONGATION OF THE CERVIX UTERII,
WITH COMPLETE EVERSION OF VAGINA FROM FIBROID TUMOR OF THE CERVIX.
RESTORATION BY SUPRAVAGINAL AMPUTATION OF THE CERVIX AND
INVERSION OF THE VAGINA.***

BY GEORGE HENRY NOBLE, M. D.,

President of the Medical Association of Georgia; Secretary of the Section of Obstetrics and Gynecology, American Medical Association; Fellow of the American Association of Obstetricians and Gynecologists; President of the Atlanta Society of Medicine; and Gynecologist to the Grady Hospital, Atlanta, Ga.

MRS. H., a tall country-woman, came to me from the mountainous region of Georgia on January 25th, 1894. She stated that shortly after her first confinement, which occurred eight and a half years ago, she discovered a tumor, about the size of an ordinary marble, growing upon the neck of her womb, which, after a subsequent childbirth two and a half years later, had grown to the size of a hen's egg. From this time she dates the prolapsus, the tumor having escaped from the vagina. She had not suffered much except from the discomfort of aching, dragging, etc. Six years ago the lower extremity of the tumor ulcerated, but after-

*Read before the Southern Surgical and Gynecological Association at Nashville, Tenn., November, 1896.

ward healed, and, two months before admission, ulcer-

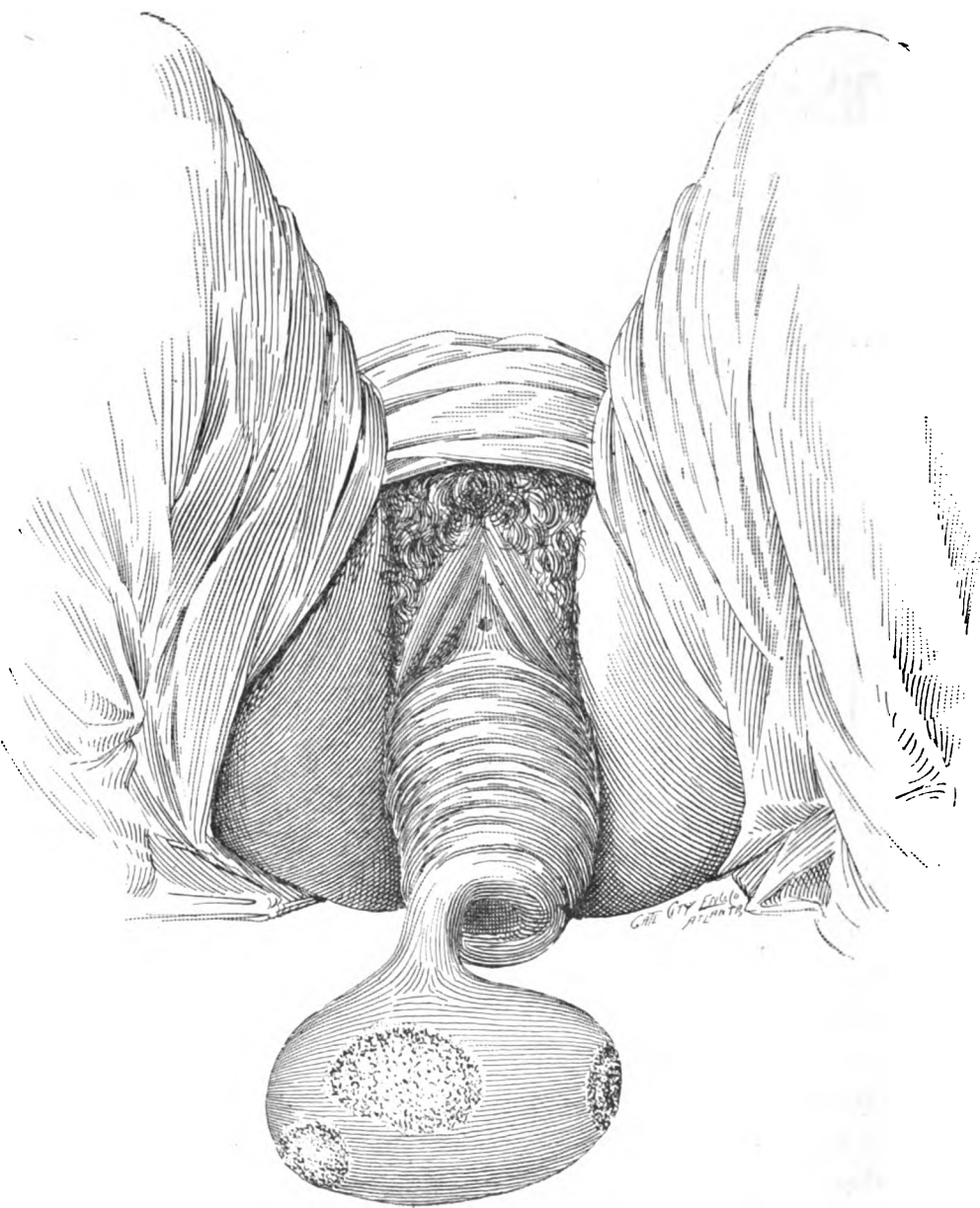


Fig. 1.—Showing tumor and everted vagina before operation.

ated again, from which she suffered the effects of ab-

sorption—accelerated pulse, elevated temperature, chills, profuse diaphoresis, etc.—until she became anemic and more or less emaciated. The family history was good.

The condition on admission was as follows: tempera-

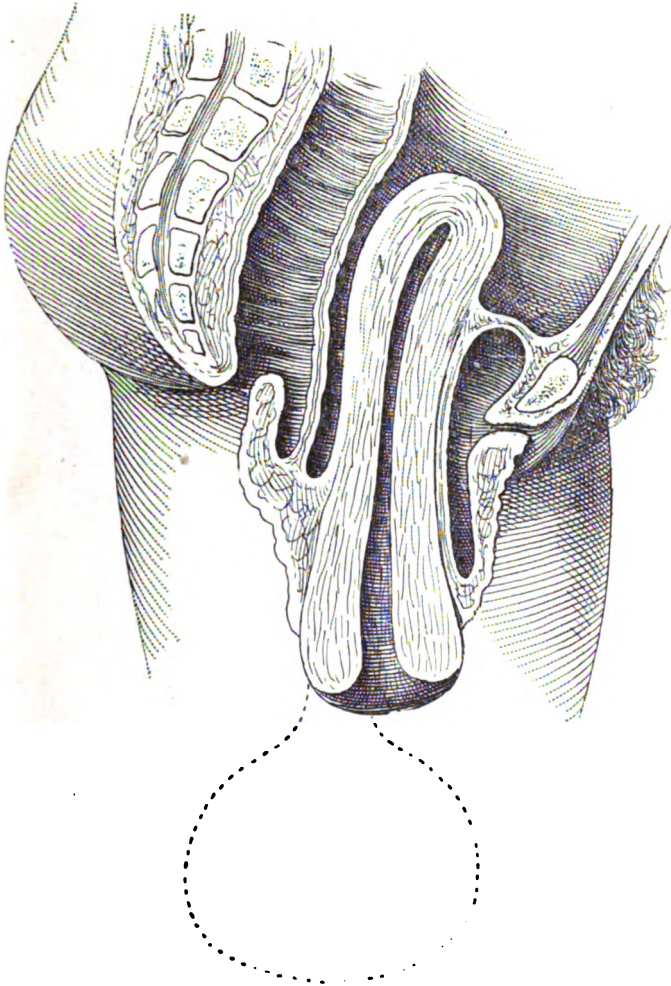


Fig. 2.—Sectional view of same.

ture 102 2.5° ; pulse 116, weak and compressible; respiration 22 per minute; menstruation normal; bowels recently constipated; painful and frequent urination, and

at times incontinence of urine. The urinary analysis disclosed nothing abnormal except a diminished excretion of urea. Vaginal discharges profuse and mucopurulent in character. Heart, lungs, etc., negative.

Inspection shows an egg-shaped fibroid tumor, about nine inches long and six inches in diameter, attached to

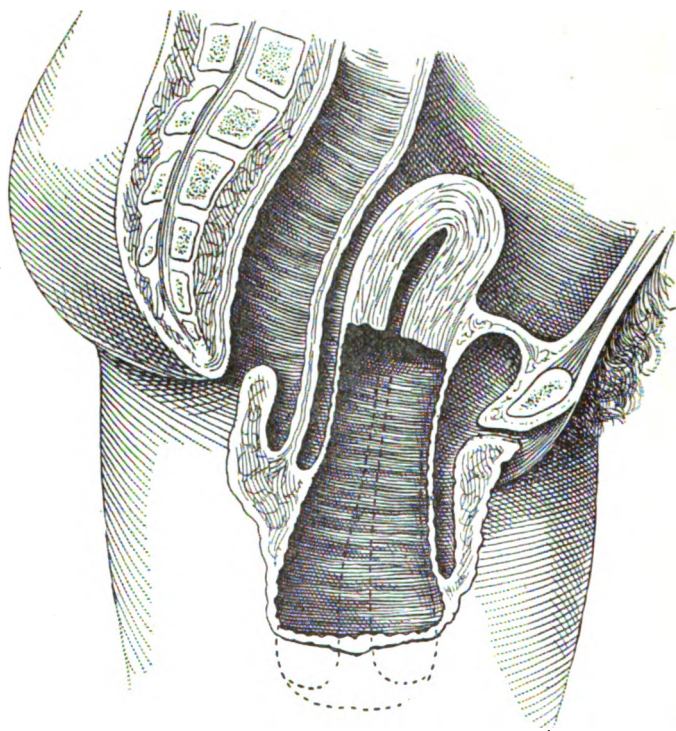


Fig. 3.—Dissection of bladder and rectum from cervix uteri, and amputation of latter at the internal os.

a pedicle on its side to the upper right margin of the os uteri. There are five superficial ulcers, three upon the anterior and two upon the posterior surface of the tumor, averaging the size of a silver dollar. The vagina is completely everted, not even a sulcus remain-

ing within the vulva. The bladder and rectum are turned out through the vaginal orifice, forming deep pouches in front of and behind the mass. The cervix is as large as an ordinary sized man's wrist, and elongated sufficiently to permit extrusion of the vagina, while the fundus uteri is near its normal position. The

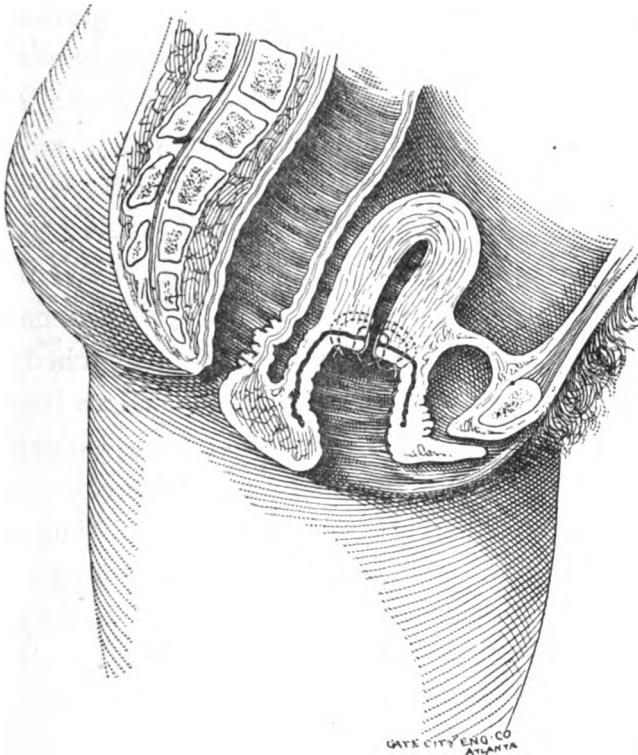


Fig. 4.—Showing restoration by inverting vagina, rectum, and bladder, and anchoring with mattress sutures in the stump.

cavity of the uterus is three inches deep, that of the cervix seven inches, making a total of ten inches. The round ligaments are very much hypertrophied, feeling like cords larger than a lead pencil. Other pelvic organs seem free from disease.

As hysterectomy is often unsatisfactory in procidentia uteri, I determined to do a supravaginal amputation of the neck and replace the everted vagina, knowing that the supports were equal to the task of sustaining the parts.

The operation consisted in the usual circular incision dissecting off the bladder, rectum, and post-uterine peritoneum from the cervix for a distance of six and a half inches and amputation of the cervix at the internal os, ligating the uterine arteries and other large vessels as they were encountered. The parts were very vascular; many of the vaginal branches were as large as small quills; consequently the operation was tedious, frequent ligation being necessary. After removal of the neck of the womb the vagina was stitched to the stump by four mattress sutures introduced an inch back of the free margin of the vagina, then through the walls of the uterus, beneath the cut surface of the stump, emerging from the cervical canal, then passed in the reverse direction and tied on the surface of the vagina. These sutures served the double purpose of closely applying the vagina to the stump, especially in the angles of the wound, and of controlling oozing from the uterus. The margins of the vagina were fastened by superficial sutures to the mucous membrane of the cervical canal, and the remainder of the wound closed in a transverse line, except at the angles where drainage was provided for. The vagina was dressed with gauze to prevent pouching or pocketing between the opposing raw surfaces. Thirty-eight minutes were consumed in performing the operation.

She made a very fair recovery, considering her condition at the time of the operation. The suppurating tumor having been removed, the temperature dropped, but on the seventh day, when the mattress sutures cut into the tissues the temperature reached 103° , but came down immediately upon the removal of the stitches. From that time on her recovery was uninterrupted. The uterus mounted higher in the pelvis, the vaginal orifice contracted to some extent, and the vagina, rectum, and bladder remained in their normal positions.

She was dismissed on the tenth day and returned to the laborious duties of a mountain farmer's wife. She has been well two and a half years, without any tendency to recurrence of the prolapsus.

186 South Pryor Street.

OCCIPITO POSTERIOR POSITIONS AND THEIR MANAGEMENT

BY E. T. GLASS, M. D.

BIRMINGHAM, ALA.

Read before the Jefferson County Medical Society, Feb. 8, 1897.

IN selecting this subject I had no thought of putting forth any new ideas, but with the hope of eliciting a full discussion on the subject.

The frequency of cephalic presentation of all cases at full term is estimated at about 97 per cent., still births and premature deliveries greatly decrease the percentage of head presentations. Churchill found that at seven months only 80 per cent. were head presentations. The relative frequency of anterior and posterior cephalic presentations differ greatly among observers,

probably on account of the different stages of labor at which the diagnosis is made. In a large number of cases in which the occiput is to the right and somewhat anterior at the beginning of labor, the position becomes right posterior as soon as engagement, and again a large majority of right posterior positions becomes right anterior by rotation in the second stage of labor. In the right occipito posterior, the head enters the brim of the pelvis in the right oblique diameter, with the forehead to the left ilio-pectoneal eminence, the occiput to the right sacro-iliac-syncongruosis. On digital examination the finger touches the left parietal bone near its protuberance at a point usually a little anterior to that reached in second occipito anterior positions. With reference to the posture of the woman the sagittal suture is traced downward and forward, terminating in the anterior fontanelle, while in the contrary direction it may be followed upward and backward ending in the posterior fontanelle. This point is of great importance in diagnosis, for when in any case we find that the great fontanelle is in easy reach of the examining finger, our suspicion should be at once excited, and the nature of the position carefully ascertained; now in this position in a normal pelvis the accomplishment or non-accomplishment of labor by normal rotation depends altogether on the amount of flexion. In well flexed cases the occiput descends rapidly while the sinciput is delayed by pressure of the anterior pelvic wall, and makes but little progress. The occiput now lies between the sacrum and right ischium in the hollow made by the recession of the elastic sacro-sciatic liga-

ment, while the sinciput is pressed against the smooth surface of the upper part of the anterior position on the lateral wall on the left side. As descent progresses the occiput follows the posterior groove forward under pressure of the unyielding bony edge of the sacrum, which presses against the posterior surface. This is unopposed by the sinciput, which in well flexed heads is so high up in the pelvis that it is free to turn backward over the smooth bony surface of the upper portion of the lateral wall, rotation usually progresses smoothly and rapidly until the occiput reaches that point where the anterior and posterior grooves of the right side join, and thus becomes right occipito anterior position, and is delivered as such. The expulsion of the head in a persistent occipito posterior position by natural force or forceps is possible, but less favorable than when the occiput rotates forward. In the occipito anterior position the curved axis of the child's head and body correspond with the curved axis of the pelvis; but when the occiput is posterior, these curves are reversed upon each other, and to effect a delivery in this position the uterine force must alter the shape of the child by elongation of the occiput and by producing extreme flexion until the normal curve of the fetal axis is reversed. While the fetal head can stand excessive pressure, yet this process results in the still birth of a large proportion of children. Even after extreme moulding of the occiput the soft tissue of the pelvic floor is exposed to a degree of tension that almost invariably results in laceration of these structures during the last stage of labor. The expulsion of occipito pos-

terior positions always requires, in addition to a lax adaptation, the presence of very powerful uterine contractions or the application of forceps; even then the process is a long one. Then it will be seen that the solution to the situation is to be found in the amount of flexion presented. The better flexion the more rapid is the execution of normal and most favorable mechanism. It is an established fact in practice that, in most cases when good flexion is established at the start and maintained, posterior positions are hardly less favorable than anterior positions. Therefore the difficulty increases as the degree of flexion decreases, until we reach the fact that when flexion is lost and is not promptly restored by art, posterior positions yield long, difficult, and exhausting labors for the mother, and a large proportion of still births. It being a fact that occipito posterior labor is much less favorable than anterior position, it is our duty to make every effort to prevent its occurrence, or when it does occur to convert it into anterior position. Reynolds says: "Fortunately we are able to effect this end in a great majority of cases, provided the position is diagnosed before rupture of the membranes or engagement of the head. For this reason we should endeavor to ascertain the position of the fetus by abdominal palpation some days before labor." He also claims that it is usually possible to rectify it by postural treatment of the patient. If the patient is placed in the knee-chest position the anterior wall and fundus are the lowest portions of the uterus. So long as the patient remains in this position there is a tendency for the child to sag away from the

brim under the influence of gravity, and since the recession of the head from the brim leaves the child free to turn upon its own axis while the presence of the spinal column makes the dorsal side the heavier, and has also a tendency toward a rotation of the fetus as a whole until its dorsum is in opposition to the anterior wall of the uterus. The woman should be instructed to assume this posture several times daily during last weeks of pregnancy, and to remain in this position some minutes, and on relinquishing it to lie on her right side for a short time before arising, in the hope that as the child's head settles down against the brim it may become fixed in an anterior position. This treatment might be tried even though patient is not seen until labor has begun. So long as the membranes are not ruptured, if the head, after once becoming anterior, show any tendency to revert to the posterior position, it would be well to rupture the membranes in order to prevent this occurrence. In most cases the head, in posterior position, passes superior straight by natural efforts, after some delay and moulding of the head." The physician should endeavor to ascertain the degree of extension; if not extreme, no need of alarm at the failure of progress, but should avoid interference so long as the condition of both patients remain good; but should extension be extreme and no progress is being made, some operative procedure should be adopted. To produce flexion, it is recommended that pressure be made on the forehead with the fingers, the woman being in a knee-chest position in order to have the assistance of gravity. Should extension recur it is best to anæsthetize the patient

and introduce the hand into the vagina and dilate the os to a degree sufficient to admit the half hand within the uterus, then press the forehead gently upward till complete flexion has been secured, and the head has been freed from the brim; with the fingers still pressing upon the forehead to maintain flexion, the head should be forced into the brim by external pressure and held there till a firm engagement in a flexed position has been effected by the efforts of the uterus. Should this fail, an operative delivery will be necessary. There are three methods possible: The child may be at once turned. The head may be rotated manually and the forceps applied to the anterior occiput, or the forceps may be applied while the occiput is still anterior. The latter method is to be adopted only when the other two are contra-indicated or impossible. It has been my practice to give nature full time to accomplish labor unaided before using any operative procedure. I have recently had two occipito posterior positions in which forceps were used. About 8 o'clock a. m. on August 31 last I was summoned to see Mrs. L., a primipara. She had been having pains all the previous night. By digital examination I found the os dilated to about the size of a quarter of a dollar, with pains non-effective, and at this time I was unable to make out the exact position of the head. She was attended by a mid-wife so I left, to be called when needed. About 5 p. m. I was hastily called, and asked to bring Dr. Drennen. On arriving and making an examination we found the child in the third position, and proceeded to deliver with forceps. There was a partial laceration

of perineum requiring three sutures to repair it. The child was in good condition, and the mother made an uninterrupted recovery. The second case: December 30, about 10 p. m., I was called to see Mrs. W. in her third confinement. She had been suffering twelve hours or longer; pains were non-effective. On examination I found the os far back and dilated to about the size of half dollar. After giving some directions I left her for an hour or so. On returning I found she had made very slight progress, though her pains at this time were good. About 3 a. m. there was very little advancement, and her pains were so severe I decided on an instrumental delivery, and had Dr. Talley called in to assist me. (While waiting for Dr. T. the pains were so violent I gave some chloroform to relieve her suffering.) After the Dr. had made his examination he agreed with me in my diagnosis, and in plan of procedure. We succeeded in delivering her without much trouble. There was a slight laceration of the perineum which we closed with one suture. This child was also in good condition. The mother did not even have a rise of temperature. In each case it was a dry labor.

REPORT OF CASES OF APPENDICITIS.*

By J. A. GOGGANS, M. D.

ALEXANDER CITY.

Grand Senior Counsellor of Medical Association of State of Alabama;
Fellow of the Southern Surgical and Gynecological Society;
and Fellow of the British Gynecological Society.

FROM the fact that physicians generally take the stand that operative interference in appendicitis is called for only in exceptional instances where the

*Read before the Southern Surgical and Gynecological Association, Nashville, Tenn.

disease advances to suppuration, gangrene and perforation, makes the treatment of appendicitis a never ceasing controversy; hence my excuse for reporting a few illustrative cases that have come under my observation, hoping thereby to add what I can to harmonize the difference between the physician and surgeon on this the most frequent and important intra-abdominal lesion of the present day. The main point at issue between the physician and the surgeon in the treatment of appendicitis depends much upon a perfect diagnosis. This, too, accounts in a measure for their differences of opinion as to where the medical treatment should end, and where the surgical treatment should begin.

According to my experience in the management of this affection, believing as I do that it is a surgical affection, there is only one course to pursue, and that is to remove the appendix just as soon as the diagnosis is made. I usually defer the operation until the bowels have been evacuated by first administering a few small doses of calomel followed by a saline purge. I believe it to be the duty of the surgeon to operate in every case, no matter what the physical condition of the patient may be, unless he knows that death is already inevitable from sepsis. And in the milder cases of both acute and chronic appendicitis, when laxatives fail to bring speedy recovery, such patients should have the benefit of the operation.

I report the following case to illustrate the fact that the longer the operation is deferred the greater the danger to the patient. He was partially relieved several times during the administration of salines, and the

family hesitated to consent for the operation to be done. I show you the specimen of diseased appendix which had not ruptured, removed from a man 25 years of age, and who had not been relieved after two weeks of medical treatment. The patient presented the ordinary symptoms of mild typhoid fever, accompanied by localized induration and tenderness in the region of the vermiform appendix. The appendix was adherent to the cecum, pointing downward. As already stated, this appendix had not ruptured, but was so soft it could easily be amputated by tightening a ligature. It was tied off close to the intestine. The subsequent treatment consisted in gauze packing and drainage. Recovery.

The first case of perforating appendicitis that came under my observation occurred in 1879. I had in consultation the then best known gynecologist in Georgia. The diagnosis of typhlitis was made, and treatment consisted in the administration of laxatives and liquid foods. The abscess finally ruptured in the right iliac region, but the patient died some months later from general peritonitis.

In 1886 I treated two cases of appendicitis, one the wife of a physician, aged 25 years, the other a male aged 22 years. In both of them there was a distinct point of tenderness and swelling in the region of the caput coli. I administered laxatives and removed a few drams of bloody serum in each case with the small needle of the aspirator. The physician's wife had three attacks, but has had no return of the disease since 1886.

On October 21st I saw Mrs. R., who had been sick

one week; was taken with severe pain in the abdomen that had become localized in the right iliac fossa. Her pulse was 130 per minute, temperature $102\frac{1}{2}$. The operation consisted in simply opening the abdomen over the abscess cavity, evacuating the pus, irrigation and drainage. The patient made a good recovery.

A male, 25 years of age, had been attended by Dr. Harlan for four or five days. His illness commenced with pain in the abdomen, followed by nausea and vomiting, localized pain in the right iliac fossa extending almost to the umbilicus, pulse 110, temperature 102, respirations 30 per minute. The abdomen was opened over the indurated tissues, and the abscess cavity was found to be walled off by adhesions. The appendix was found to have been amputated spontaneously. The subsequent treatment consisted in irrigation and drainage. Recovery.

Thos. M., male, aged 12 years, was taken with severe pain in the abdomen on November 1st, 1896. Dr. Coley saw this patient November 4th, found his pulse 130, temperature 102.6, respirations 30 per minute, localized induration and tenderness in the region of the appendix. He diagnosed appendicitis, advised an operation, and administered a few half-grain doses of calomel and followed it with one dose of sulphate of magnesia. I saw the patient the next day, November 5th, in consultation. His bowels had been thoroughly evacuated, but his temperature was 102, pulse 120, and respirations 30 per minute. The induration, tenderness and swelling was very perceptible through the rigid abdominal muscles in the right iliac region. Operation was per-

formed, and I here show you the fresh specimen removed. On cutting through the abdominal walls offensive gas and pus escaped. You will perceive that this is a considerable portion of the omentum that seemed to have gathered itself around the gangrenous appendix, walled it off, making this receptacle for the gangrenous portions as well as the pus, thereby preventing its escape and disseminating itself throughout the peritoneal cavity. This specimen is a nice illustration of one of the functions of the great omentum, viz: to go to the relief of the other abdominal organs when attacked by inflammatory action. Recovery.

I will report only one more case which occurred in the person of a lad 16 years of age. The intestines were lying between the abdominal walls and the abscess cavity. The wall of the abscess was incised, drained and stitched to the abdominal incision. Recovery.

ANNUAL MESSAGE.

BY J. W. HEACOCK, M. D.,

ALPINE, ALA.,

Retiring President of the Talladega County Medical Society.

GENTLEMEN:—The rules governing the medical societies of the State require, among other things, that at our January meetings officers shall be elected for the ensuing year, and that the retiring president shall submit a message giving an account of his stewardship, and make such suggestions and recommendations as he may deem proper for the promotion of the interests of the society.

As to my stewardship, but little can or need be said. We have held our regular quarterly meetings, essayists have been appointed for each meeting, and a number of interesting papers have been read and discussed. Also, some rare and interesting cases have been reported from the practice of individual members of the society.

Our board of censors, acting as a committee of public health, has looked faithfully after the sanitary conditions of the jail, poor-house, and other public institutions within the county, making such suggestions and recommending such measures for their improvement as were deemed necessary and expedient. All other duties required of this board have been faithfully and, it is hoped, satisfactorily performed.

Our health officer, though diligent in his efforts to obtain them, still has cause for complaint at failing to get full and satisfactory reports from his assistants, in some precincts of the county, in the matter of vital and mortuary statistics. This is not as it should be, and is very much to be regretted. It is believed, however, that he is gaining ground in this respect, and the hope is indulged that his assistants, who have heretofore been delinquent, will be aroused to a more prompt and faithful discharge of this important duty.

Our membership has been increased by the addition of five new members within the past year, and the indications justify the belief that the society is growing in favor with the profession outside the ranks and with the general public.

We regret, however, to have to state that the average attendance at our society meetings has been much

lower than it should have been—out of a membership of twenty-five, we find an average attendance of only eleven. This, also, is a matter of regret, and particularly so when we call to mind the fact that our success in obtaining the grand and noble objects for which these societies were organized depends largely on the individual efforts of its members. It is well known that a doctor, in the active practice of his profession, cannot always command his own time; circumstances and conditions sometimes arise which make it impossible, or at least inconsistent, for him to neglect his professional duties to attend society meetings or any other meetings. Yet, it is believed, that with proper effort on the part of each individual member, insurmountable obstacles would not present themselves very often. A full attendance adds greatly to the interest and value of our meetings, and the hope is indulged that the records of the ensuing year will show a much higher average.

We feel that we have cause for congratulation in that the grim messenger, death, has not invaded our ranks the past year. Some have been, and are still, laboring under the heavy hand of affliction; to these we offer, in sincerity, our sympathies and condolence.

No contagious or pestilential diseases have prevailed among the people of the county, to an alarming extent, during the year. An epidemic of measles, of mild type, prevailed during the spring and summer months. This, with a few imported cases of small pox, or varioloid, which were soon disposed of by the local physician, are all that have been reported.

There are now no illegal practitioners within the bounds of our county—no kicking, on the part of any one, against the laws regulating the practice of medicine in this State. Perfect harmony prevails throughout our membership, and no asperities or estrangements, so far as known, exist between the society and our professional brethren outside. So, all considered, we may say that we are in fairly good working condition, and feel very much gratification in being able to see much good already accomplished by the society as an organized body.

As to suggestions and recommendations looking to the promotion of the interests of the society, we may put the whole in a nut-shell, and say simply, let us persevere with the work along the lines already laid down for our guidance. These organizations, with the means and methods for carrying on the work, are the results of the long and patient study of earnest, brainy men—men whose highest ambition and chiefest desire has been to perfect an organization, permanent in character, which would elevate the profession to a higher plane of efficiency, and thereby protect the people against the baleful influences of ignorance, charlatanism and quackery. And so thoroughly have they done their work that we loath to believe that anything added to or taken from the plans, methods and measures laid down or recommended would in any material degree give more efficient aid in the attainment of the objects sought.

It may be said, however, that with greater diligence we would make more rapid progress along some lines of duty assigned us as a society: It would be well for us to keep in mind the fact that under the laws of the State we constitute a part and parcel of the machinery of the State government, that we are intrusted with some important administrative functions, and that the

performance of these duties is no longer left optional or discretionary with us, but are legal duties which we cannot evade without becoming amenable to the laws of the State. But a higher and nobler motive should actuate and urge us to a prompt performance of these duties than that of escaping punishment at the hands of the law. Laws are necessary, in the main, for the government and restraint of bad people, or such as are inclined to abuse the liberties granted them. Better people, with a laudable ambition to reach greater heights in the scale of civilization and to achieve more excellent things in any particular line, look higher and find in the hope of reaching the objects of their desire abundant incentive for putting forth every effort and making every necessary sacrifice for their achievement.

Now, what are some of the fruits which we expect shall be gathered by this persistent effort, this sacrifice of time, labor and money? And are they worth the cost of obtaining them? These are questions practical and pertinent, and, as an intelligent body of business and patriotic men, we should let their solution be the guide to our actions.

The lamented Dr. Cochran, than whom we can refer to no higher authority in matters relating to organized medicine, said, in speaking of the purposes and objects of these medical societies:

1st. "It is to promote professional brotherhood, and a high-toned, chivalric emulation in the elevation of professional character."

2nd. "It is to secure protection, by provision of law, to the profession in its legitimate privileges, and to protect the general public against all the demoralizing and destructive agencies of medical ignorance and quackery."

3d. "It is to aid in the advancement of medical science and medical art, by the systematic elucidation

of the climatic, endemic and epidemic influences at work in the different sections of the State, together with the development of our indigenous therapeutic resources."

These are some of the benefits anticipated, but not all that we might readily enumerate. But if these *were all* we might very reasonably presume that no one, who has taken time to investigate these matters, would hesitate to say that they are worth all the expenditure of time, labor and money necessary for their acquirement, and very much more. No argument is necessary to establish their value.

That the hopes entertained by many of us will be fully realized at no very distant day there can now be no reasonable doubt. Year by year, month by month, and day by day progress is being made along these lines. The heart, brain and energies of our foremost and best men are engaged in the work, and before a great while the people of this great commonwealth will bask in the sunshine of protection against pestilence and contagion, the curses of ignorance and humbuggery, and the title M. D. will no longer be one of doubtful import.

'Tis true, doubtless, that some of us, by reason of age and infirmities, or, alas! at the bidding of the grim monster, may drop from the ranks, and will not be present to rejoice at this happy consummation of our hopes. Yet, regarding it as a warfare waged in the interest of a noble profession, in the interests of society and of a higher civilization, we should feel constrained by every consideration of duty, however limited our capacity, to press onward, with armor on and our loins girded, in furtherance of the great aims and purposes for which these organizations have been established. Further than this we can offer nothing better or more in the way of counsel.

January 5, 1897.

Selected Articles.

A NEW ANTISEPTIC TO CLEANSE AND WHITEN THE TEETH

BY GEO. H. THOMPSON, M. D.,

Professor of Materia Medica College of Physicians and Surgeons.

The subject of the care of the teeth, is one to which the profession has heretofore given entirely too little attention. The proper care of the teeth is a potent factor in prophylaxis against infectious diseases, and physicians have frequently been disappointed in their efforts to cure certain ailments which had their origin in carious teeth on account of their failure to recognize their true etiology. It therefore has seemed to me that a short article on this subject might be well received by the profession and conduce in a measure to an awakening on their part to the necessity of bearing in mind the relation of the teeth as a possible etiological factor in the causation of diseases. Various chronic forms of dyspepsia, with all their distressing aggravations, may have their origin in the habitual neglect of the toilet of the mouth, but these are of minor importance in comparison with typhus and typhoid fever and Asiatic cholera, or with abscess of the antrum of Highmore, which is nearly always due to extension of the degenerative process begun in the teeth, and which requires the interference of the skilled surgeon.

The first warning the patient has of decay, is usually a sensation of pain caused by hot or cold fluids or sweets taken into the mouth. This means that caries have penetrated the enamel and the patient should at once employ a competent dentist.

Salivary calculus, or "tartar" of various colors, is found upon the teeth of all persons. This is nothing more or less than a precipitation upon the surface of the teeth of the calcareous constituents of the saliva mixed with mucous. While this does not of itself injure the teeth, it furnishes a place for the lodgment of food particles and predisposes to decay. It also causes the gums to recede, laying bare the neck of the tooth, and inviting decay and causing them to loosen and fall out. Tartar, wherever found, should be at once removed.

The care of the teeth should begin as soon as the temporary teeth make their appearance. At first a soft brush should be used daily, and when the full set is present, the child itself should be taught the use of a brush, which will soon become as second nature. The importance of thoroughly brushing *all* the surfaces of the teeth cannot be overestimated. Most people who pretend to clean their teeth, brush only the anterior surfaces, leaving the posterior surfaces and the interstices untouched. This is gross carelessness. After each meal a small rubber band should be drawn between the teeth and followed by the tooth brush, which, besides cleansing both surfaces, should be passed between the teeth, and always before retiring at night.

The next question which concerns us is, what shall we use to prevent or retard these degenerative processes? Dentifrices galore are upon the market, advertised to the laity direct, which in itself is not reprehensible, considering them in the light of toilet preparations—wholly ignoring the necessity of securing professional endorsement, which can only be obtained

through high merit. Tooth-powders nearly always contain grit, which scratches and wears away the enamel, thereby furnishing a point of attack for fermentative processes and micro-organisms of decay. Besides this draw-back, another and more serious one is met—the presence of soap. This being alkaline, besides “cutting” or dissolving the enamel and furnishing points of attack, will, in a few months, stain the teeth and make them brittle. Even the tooth and mouth washes, which in other respects may have certain features of advantage, contain soap, and soap solutions are always strongly alkaline in reaction. The alkalinity of the saliva is not pronounced enough to affect the teeth in any way, in fact is not of sufficient intensity to prevent the lactic acid fermentation caused by the micro-organism of decomposition. What is most required is an antiseptic preparation which will efficiently destroy all pathogenic germs without injuring the teeth or irritating the gums or any portion of the buccal cavity. Fortunately the profession has had presented to it such an article in the shape of Sanitol, the germicidal constituents of which are the new German antiseptics, Formol and Salitrol, a derivative of the coal-tar series. These powerful antiseptics are perfectly harmless to living organic structures; they kill all pathogenic germs, arrest caries of the teeth, and prevent all diseases which infest the system through the alimentary tract. In addition, Sanitol presents many advantages not found in other competing preparations. It contains no soap or alkali and cannot possibly injure the teeth or mucous membrane. It is pleasant to the

taste, cooling in its effect, prevents and removes stain and sweetens foul breath, which effect persists for two or three hours after each using. Though penetrating in its nature, it does not cause toothache at a carious spot, but rather tends to allay this symptom.

Those who unfortunately must wear a plate of false teeth will find in Sanitol the *eureka* of toilet preparations. In doses of ten or thirty drops, it effectively cures gastric fermentation. A few drops added to half a glass of water forms a milky or pearly liquid which, being gargled, is rapidly curative in the early stages of tonsillitis and pharyngitis. In using Sanitol for the teeth, it is desirable to dip the brush in pure water and drop a few drops of Sanitol upon the brush, polishing not only the anterior and posterior surfaces of the teeth, but with an up-and-down motion, carrying the fluid into the crevices between the teeth, thereby enabling Sanitol to do its whole work. Any child can quickly be taught the use of the brush, and by using Sanitol according to these directions, will become so habituated to the toilet of the mouth that it will not feel at ease until it has properly cleansed its teeth. Those whose teeth are stained with tobacco or whose breath is contaminated with tobacco, spirits or the emanations of decay, or catarrhal inflammation of the air passages or alimentary tract, will find in Sanitol a long-sought boon—a complete exemplification of the proverb, “Cleanliness is next to Godliness.”

NOTES ON THE TREATMENT OF FÆCAL FISTULÆ.

Abstracted from the Medical Record of October 24, 1896.

At the thirteenth annual meeting of the New York State Medical Association, which was recently held in New York City, Dr. Frederick Holme Wiggin, of New York county, presented a paper with the above title. The chief cause of the occurrence of fæcal fistula was stated to be the delay in resorting to operative measures to which patients suffering from typhlœenteritis, or strangulated hernia were frequently subjected while their ailment was carefully diagnosticated. The view recently advanced by a writer on the subject under consideration, that the best treatment for this condition consisted in its prevention, was concurred in. But in the case in which this mishap had occurred, it was pointed out that if the opening was of small size, was located near or below the ileo-cæcal valve and no obstruction to the fæcal current existed, operative measures might be deferred, as in most instances the opening would close in a short time spontaneously. On the other hand, if the bowel opening was of large size, was situated laterally, or some distance above the ileo-cæcal valve, and was accompanied by the escape of a large porportion of the contents of the bowel, operative procedure for the closure of the opening should be speedily undertaken.

The histories of three cases, successfully treated by surgical measures were cited. In two instances, the patients were inmates of the Hartford (Connecticut) Hospital, and were operated upon by Dr. Wiggin, by reason of an invitation which was extended to him by

the medical board of that institution, after several previous unsuccessful efforts to close the bowel openings had been made. The occurrence of the fistulous opening was due in the first case to failure, and in the second case, to delay in resorting to surgical treatment of typhlenteritis, from which disease both patients originally suffered. In the third case, the bowel opening was caused either by the pressure of the gauze used to drain the abscess cavity, or by an ulcerative process which originated from within the gut. In the first case, as the opening of the bowel was of large size, irregular in shape, and the gut was thickened and friable, the diseased portion of bowel containing the opening, about four inches in length, was excised, and the divided ends joined by the suture methods of Maunsell. In the second and third cases, the bowel openings were situated in the head of the colon, and were in both instances closed by means of several rows of sutures, after which the omentum was drawn over the former site of the fistula, and retained in position by sutures.

In describing the technic employed, the writer laid much stress upon the following points, viz: the thorough disinfection of the parts, including the interior of the bowel, with hydrozone, the closing of the intestinal opening, when possible, before the breaking up of the peritoneal adhesions, and the opening of the general cavity, the removal of any existing obstruction to the fæcal current, the disinfection of the bowel surface with a solution of hydrozone, before and after the placing of the sutures, the control of oozing from the

cicatricial tissue by the same means and the closure by a single row of silk-worm gut sutures without drainage of the abdominal wound after the washing of the peritoneal cavity with saline solution, some of which is allowed to remain.

In concluding, the writer stated that ever since September, 1893, when he had proved the value of hydrogen dioxide as an effective antiseptic, which in proper solution did not unduly irritate the peritoneum, when followed by a six-tenths per cent. saline solution, he had had little reason to fear the danger of causing septic peritonitis from the accidental escape of pus or fæcal matter while operating; and that when this complication had occurred, it had been invariably successfully met by the use of hydrogen dioxide in the manner described in the paper. He advised the excision of the diseased portion of the gut in those instances where it had become much thickened and friable, and expressed the belief that with a clearer understanding of the objects to be attained by operation—*i. e.* the restoration of the integrity of the intestinal canal, as well as the closure of the opening in the bowel—future operations for the cure of fæcal fistula would more frequently result successfully than they had in the past.

The paper was discussed at some length by Dr. H. O. Marcy, of Boston, and Dr. Joseph D. Bryant, of New York county, who commended it, and in the main, they endorsed the writer's views.

FRIEDREICH'S DISEASE.

At the Harveian Society of London, Dr. L. Guthrie recently exhibited a youth, aged 19, who presented the following symptoms of Friedreich's Disease: (1)

Nystagmus and slight general tumors. (2) Labored, hesitant speech. (3) Ataxy on delicate movements of hands, wrists commencing *main en griffe*. (4) Lateral curvature of spine. (5) Ataxic gait with loss of knee-jerk, wasting and diminished electrical reaction of muscles below the knee, but no definite paralysis. (6) Commencing hump foot or *pes cavus*. (7) Occasional retention of urine, shooting pains, and slight gastric crises. The symptoms were of four to five years' duration, and had gradually increased until he became unable to stand or walk without support. His unsteadiness was increased when his eyes were closed. His parents were first cousins, and an older sister was said to be similarly afflicted. The symptoms indicated disease of the posterior columns of the cord, but the nystagmus and defects of speech suggested ataxy dependent upon some unknown cerebral lesion. In reply to a question Dr. Guthrie said that there was no prospect of improvement so far as the nervous affection was concerned, though the patient might live for many years. Treatment by tonics and fattening agents had improved his general condition. No good effect had followed electricity and massage of the wasted muscles.—*Brit. Med. Jour.*



Ominous Symptoms in Smallpox.—According to Dr. Llewellyn Eliot (*Virginia Medical Monthly*), there is a peculiar smell in this disease which often aids in the diagnosis. It cannot, however, be described, and it is not always present. There are certain omens about this class of patients which, while they are not assured and invariable in their appearance, are, he says, of very grave prognostic import. For instance, Dr. Eliot has always noticed in moving a patient to the hospital, that those who voluntarily covered their faces and heads, without any suggestion to do so, invariably died. When the face of a white patient assumes a dark, leaden hue during the first days, death may be predicted almost with certainty. Those patients who presented great swelling of the face and head in the beginning always suffered from severe attacks. There is a peculiarity of the walk which is very ominous; the patient lifts the feet high, as if he was ascending stairs, and this applies to the early eruptive stage.—*Times*.

Surgical Hints.—When a wound, either accidental or operative, shows signs of infection, never wait for supuration. Immediate incision, thorough disinfection, and drainage, if necessary, relieve pain, shorten the duration and prevent extension of the inflammatory process.

In draining a suppurating wound, never cork it up by

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packing gauze in it. The smallest strip that will reach the bottom of the cavity, very loosely applied, is the best.

Constitutional treatment is all-important in all forms of diffuse surgical inflammation.

Recurrence of carbuncles and boils suggests an examination of the urine for diabetes.

See that patients have a good night's sleep before an operation.

Skin-grating will not succeed upon an unhealthy surface.

Watch patients with burns of the pharynx and larynx; be ready to operate at once. Severe dyspnoea may occur with appalling suddenness. If the patient is getting cold and feeble, his ability to feel pain has greatly diminished. Waste no time in anæsthesia in emergency tracheotomies.—*International Journal of Surgery.*

Chloroform Adds to the Danger of Perineal Laceration.—Dr. D. Rose (*Medical Council*) argues as follows:

If the perineum can be saved at all, it is by slow dilatation. Slow dilatation is secured by preventing the patient from using her voluntary muscles. A patient under chloroform, short of the surgical degree (which degree is not justifiable in ordinary labor), instead of using them less, knows just enough to bear down with all her strength, and nothing more, and the head is forced rapidly over the perineum and the danger thereby decidedly increased.

There is only one way the patient can avoid straining when the head is on the perineum, and that is by breathing rapidly, which she should be taught to do before reaching that stage, and which she cannot do if under chloroform.

If she is breathing, and the involuntary contractions are forcing it too rapidly, keep it back by pressing on the head until the pain is over, then, between the pains, have her bear down just enough to deliver the head slowly.

If the doctor has the patient's confidence, and that influence which comes with it, he will have no trouble in getting her to do what he tells her, and her voice will not be heard in the next room.

The Will of the Inventor of Dynamite.—The *Progress Medicale* (*Jour. Amr. Med. Ass'n*) states that Alfred Nobel, the recently deceased Swedish engineer, who invented dynamite, bequeathed a large part of his immense property to establish a fund, the income from which is to be divided into five equal parts and awarded each year to the five persons who during the year have made the most important discovery or improvement in physics, chemistry, physiology or medicine, or in the domain of letters, the most exalted production in the ideal sense, or contributed to the most or the best to the brotherhood of peoples, the suppression of standing armies or the propagation of peace congresses. The prizes are to be awarded irrespective of nationality and if the provisions of the will are carried out, each of the five annual prizes will amount to 300,000 francs.

The Ocular Symptoms of Bright's Disease.—Dr. S. E. Cook, discussing this subject in its relations to life insurance (*St. Louis Medical Review*, August 29th,) says: "In the ophthalmoscope we have an important aid to diagnosis that has been too little utilized, but which is bound to increase its usefulness with time. To be sure, in only a certain proportion of cases of albuminuria do retinal changes occur—from 20 per cent. to 30 per cent.

—but such retinal changes may be present in cases in which the urine at the time of examination is entirely free from albumin. In some cases retinitis is absolutely the only recognizable symptom, and its footprints are never blotted out entirely. In many of the insidious and doubtful cases an ophthalmic examination will give us valuable and sometimes positive information. Diminution in the size of the arteries, as compared with the veins—they should be as 2 to 3—whitish spots scattered over the fundus, especially if arranged about the macula, and the slightest trace of hemorrhages, in a person over forty, should make one almost certain of renal disease, and demand repeated and thorough examination of the urine.

Pathology of Multiple Sclerosis.—Professor Strumpell has recently published a very important paper on this subject. The etiology of many nervous diseases has in recent years, he says, been successfully investigated, yet about such a common disease as multiple sclerosis little or nothing is as yet known for certain. Marie's view that it is in most cases a sequel of acute infectious disease can scarcely be maintained, for whereas, in many cases of acute infectious disease, multiple inflammatory foci in the central nervous system occur as a sequel, in thirty or forty cases of his own of multiple sclerosis there could only be found an occasional one in which there seemed to be some possible connexion between a preceding infectious disease and the condition referred to. Indeed, in his last twenty-four cases, in not a single one could any such relation be traced. And so it is also with reference to the toxic origin suggested by Oppenheim and others. No doubt where the patients are dwellers in towns and work in metals, etc., the incidence of the disease may suggest some such connexion. But in places in which the patients are for

the most part peasants or country dwellers, such a view fails to find any support. Nor can the vascular origin of the sclerotic foci be regarded as likely. It is generally conceded that multiple sclerosis has no connexion with syphilis, and it is not so easy to understand why certain small vessels in the nervous system only should become diseased in some unknown manner, while similar vessels elsewhere are unaffected. The author's suggestion is that multiple sclerosis may depend upon some congenital abnormalities in the nervous system. This view was suggested to him recently by a case which he published and in which there were combined a marked condition of hydromyelia, central gliosis, and multiple sclerosis. He had previously observed a case of hydromyelia with multiple sclerotic foci. Further points in support of such a view are that it is a disease of early life (the first symptoms can often be actually traced back to childhood) and that the axis cylinders are so long spared. It is further suggested that the change may occur first in the neuroglia and that there are foci where it undergoes proliferation—a condition, indeed, of multiple gliosis—whose origin is to be sought in some congenital peculiarity. Professor Strumpell, in concluding his paper, directs attention to two conditions in the symptomatology of the disease. First, as to the character of the disordered movement, he believes it does not essentially differ from the ataxy of tabes, and, secondly, he finds that the abdominal reflex is very frequently absent.—(*Neurol. Centralbl.*) Commenting on the foregoing the editor of *The Lancet* says that this view as to the etiology of multiple sclerosis is extremely interesting. There are few objections of much weight to be offered to it, but, of course, it can only be confirmed or refuted after careful and prolonged examination of many cases in various ways.

Hyperpyrexia.—Mr. Newton reports a recent case, in which the patient, a girl aged 14 years, a pupil at a large school, complained during the evening of a general feeling of malaise. On awakening next morning she appeared to be very ill and was removed to the school hospital. Here the nurse was struck by her strange manner and appearance, and on taking her temperature was amazed to find that the thermometer registered 110°F. Thinking that there must be some mistake she shook the mercury down and again took the temperature in the mouth, and found that the instrument again registered 110°. Another thermometer was tried with the same result. The patient was put to bed and a large dose of antipyrin administered; and when seen by the physician, about three quarters of an hour later, the temperature was below 101°, and the delirium had nearly passed off. The nurse had, however, kept the thermometer for the doctor to see. During the day the patient developed a slight attack of phlyctenular tonsilitis, and in forty eight hours she was quite convalescent. About a month before this same child was attacked with the same complaint, the temperature on that occasion reaching 107°.—*Lancet*.

Diagnosis of Pregnancy by the Shape of Urinary Phosphates.—Parke, of Philadelphia, (*Am. Gyn. and Obstet. Jour.*, September 1896. *Am. Rev. of Revs.*) has studied seventy-five specimens of urine of women known or thought to be pregnant, with the result of confirming some researches made by Gray, of Richmond, nine years ago. When conception occurs the triple phosphates in the urine change their form. They lose their feathery appearance, the change beginning at the tip and progressing toward the base. One side only may be affected, or both, leaving only the shaft, and perhaps a

few fragments adhering. The shaft assumes a beaded or jointed appearance. These changes commence within twenty days after conception, and are most marked in the early months, and almost absent in the later months. When the death of the foetus occurs, the phosphates, according to Gray, resume their normal appearance; but Parke has not had the opportunity of confirming Gray's statement. The change in the form of urinary phosphates being recognizable very early, it is the greatest value when other signs are of the least reliability or not present at all. A diagnosis of probable pregnancy can be made without a physical examination, or without exciting the suspicion of the patient.

Puerperal Eclampsia; Its Etiology and Treatment.—Dr. William Warren Potter, of Buffalo, read a paper at the ninety-first annual meeting of the Medical Society of the State of New York, Albany, January 26, 1897, and said *inter alia*, that we seem to have arrived at the renaissance of eclamptic literature, and that while the subject is being discussed in magazine articles and societies it would not answer for this society to keep silent.

Though the pathogenesis of eclampsia is still unsettled we are certain that it is a condition *sui generis*, pertaining only to the puerperal state, and that to describe, as formerly, three varieties—Hysterical, epileptic and apoplectic—is erroneous as to pathology and causation as well as misleading in treatment.

The kidney plays an important office in the economy of the eclaptic. If it fails to eliminate toxins, symptoms are promptly presented in the pregnant woman. Renal insufficiency is a usual accompaniment of the eclamptic state. Over-production of toxins and under-elimination by the kidney is a short route to an eclamp-

tic seizure. However, many women with albuminuria escape eclapsia and many eclamptics fail to exhibit albuminous urine.

The microbic theory of eclampsia has not yet been demonstrated. The toxemic theory in the present state of our knowledge furnishes the best working hypothesis for prevention or cure.

Treatment should be classified into (a) preventive, and (b) curative. The preventive treatment should be subdivided into medicinal and hygienic; and the curable into medicinal and obstetric. A qualitative and quantitative analysis of the urine must be made at the onset. If there is defective elimination something must be done speedily to correct a faulty relationship between nutrition and excretion. One of the surest ways to control progressive toxemia is to place the woman upon an exclusive milk diet. This will also serve to flush the kidneys and thus favor elimination. Distilled water is one of the best diuretics; it increases activity and supplies material—two important elements. In the pre-eclamptic state, when there is a full pulse with tendency to cyanosis, one good full bleeding may be permissible, but its repetition should be regarded with suspicion. If there is high arterial tension—vaso-moter spasm—glonoin in full doses is valuable.

When eclampsia is fully established the first indication is to control the convulsions. Full chloroform anesthesia may serve a good purpose. If the convulsions are not promptly controlled the uterus must be speedily emptied. This constitutes the most important method of dealing with eclampsia. Two lives are at stake, and by addressing ourselves assiduously to speedy delivery of the fetus we contribute in the largest manner to the conservation of both.

Rapid dilatation first with steel dilators, if need be,

then with manual stretching of the os and cervix, followed by the forceps, is the nearest approach to idealism. Only rarely can the deep incision of Dührssen be required. Cæsarean section should be reserved for extreme complications, as deformed pelvis, or to preserve the fetus when the mother's condition is hopeless. *Veratrum viride* is dangerous, uncertain and deceptive in action.

In eclampsia of pregnancy, *i. e.*, prior to term, the aseptic bougie, introduced to the fundus and coiled within the vagina, may be employed to induce labor. Finally, to promote the elimination of toxic material diuresis, catharsis and diaphoresis should not be forgotten; neither should the hot air bath, nor the hot pack overlooked.

Hyperemesis Gravidarum.—W. W. Holliday, Cleveland, O., (*Cleveland Med. Mag.*) reports two cases bearing on this subject. The first was a lady of twenty-seven, who gave a history of general malaise, some vomiting and continuous nausea for three or four days. Some nine months ago she had aborted at the sixth week. Had always been irregular and scanty in menstruation, and had had attacks of vomiting. No family history of cancer or tuberculosis. It was six weeks since the last menstruation. Examination of uterus, cervix, and abdomen showed no changes indicating pregnancy. Slight pain in epigastric region and in back of neck, no tenderness of vertebræ. Bowels readily moved. Urine normal. Being suspicious of pregnancy, rest in bed with powders of calomel and bicarbonate sodium was ordered, with counter-irritation over the stomach. No relief was given, and bismuth subnitrate with carbolic acid in mucilagin *acaciæ* and peppermint water was tried, but not retained. Bismuth and oxalate of cerium were tried with no benefit. She was sustained

with peptonized milk enemas. Drop doses of wine of ipecac and Fowler's solution also failed. Another examination revealed no changes in uterus or cervix. Lavage was refused until after consultation with another doctor, when it was tried once a day for three days with no benefit. Strychnia was given hypodermically with morphine, and hydrochlorate of cocaine tablets were given by the mouth. The patient failed in strength and a surgeon was called, who examined the patient thoroughly, *except* the uterus, under ether with negative conclusions. The death of the patient followed, and the post-mortem showed a pregnancy of three months. The growth must have been very rapid during the last few weeks. The writer says, "We have been told of some of the mistakes of Moses. We occasionally make them ourselves, and while it may not be pleasant or even fashionable to talk of them, it occurred to me it might be practical if we did it more."

The second case showed unmistakable signs of pregnancy, and remedies similar to those used in the preceding case were tried with no benefit. Copeland's plan of dilating the cervix after dipping the instrument in pure carbolic acid was tried, but failed to give any relief. As there was erosion of the cervix a tampon saturated with a ten per cent. solution of ichthyol in glycerin was applied to the cervix. This was retained for four days, and complete freedom from nausea resulted. LaTorre, of Rome, recommends a twenty per cent. solution of ichthyol in glycerin. Another writer has found that vesication over the fourth and fifth dorsal vertebræ gave relief. The necessity of not waiting until the patient is exhausted before operating is very apparent from all the literature of the subject.—*Amer. Gynec. and Obstet. Jour.*

A New Pathology of Jaundice.—A correspondent of the *Lancet* for December 5 says that according to the new theory of jaundice suggested by Dr. Pick, and described by him before the Vienna Medical Society, the cause of the disease is to be sought for in the liver, where the bile is formed, and consists in a disturbance of the function of the liver cells. These cells have the remarkable selective property of discharging bile into the bile capillaries only, while both urea and sugar pass into the blood. This function, however, may sometimes be disturbed, with the result that a part of the bile is discharged into the lymph capillaries. Dr. Pick has given the name of paracholia to this disturbance, which he considered may be caused either by abnormal irritation of the secretory nerves of the liver (nervous paracholia) or by toxic substances (toxic paracholia). The toxic substances may be either poisons introduced into the organism from without, or, on the other hand, they may be produced by bacteria, whether those of the intestine (paracholia by self-intoxication) or pathogenic micro-organisms (paracholia by infection). The jaundice of billious colic is an instance of nervous paracholia, the jaundice of the new-born infant is a case of paracholia by self-intoxication, as it is, in Dr. Pick's opinion, due to the influence of toxins generated in the intestines in consequence of the taking of food. Catarrhal jaundice is an example—and, in fact, the most remarkable one—of paracholia by infection; it may, therefore, be regarded as a zymotic disease of the intestine. In the discussion which followed, continues the writer, Professor Basch remarked that jaundice might arise from engorgement of the bile passages. Dr. Pal, while agreeing to some parts of Dr. Pick's theory, said that no secretory nerves had hitherto been found in the liver, whereas, according to Vulpian, irritation of the nerves passing from the coeliac plexus to

the liver caused a change in the color of the gland. Dr. Pal himself had proved that an effect might be produced on the liver vessels by the splanchnic nerves; the liver had only vaso-motor nerves, not secretory nerves. Dr. Pick, in his reply, stated that the bile when secreted exerted a pressure equivalent to two hundred millimetres of water, and that according to Heidenhain and other authors, the existence of secretory nerves in the liver was to be presumed.—*New York Medical Journal*.

The Employment of Argonin in the Treatment of Gonorrhœa.—Bender (*Jour. de Med. de Paris*, May 10, 1896) gives the following as the result of his observations in the treatment of gonorrhœa by this drug:

Argonin dissolves in ten times its weight in water; four fluid drachms of this solution contain an amount of silver equivalent to fifteen grains of the nitrate. This solution does not form a precipitate in the presence of chloride of sodium or the albuminoids.

Jadossohn's treatment of gonorrhœa consists in the injection, three or four times a day, of about three fluid drachms of this solution, gradually increasing the strength up to 7.5 per cent. The solution should be retained in the urethra, if possible, for ten minutes. The injections are not absolutely painless, and have no astringent effect. Fifty-four cases treated in this manner recovered in a maximum of six weeks. In thirty acute cases the gonococci disappeared in one week in twelve cases, in two weeks in fourteen cases, in three weeks, and less, in four cases. In twenty-four chronic cases the gonococci disappeared at the end of one week in seven cases, at the end of two weeks in ten cases, and in three weeks in seven cases. After the gonococci disappeared ichthyol was used. Failure occurred in two cases only.—*Canadian Practitioner*.



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Koch Goes to South Africa.

The *Buffalo Medical Journal*, of March, 1897, contains the following item:

“Koch’s mission to South Africa, upon which he set out about the middle of November last, is one of exceptional interest. It seems that the foremost living bacteriologist has been commissioned to discover and deal with the supposed germs of one of the most contagious and destructive of epizootic diseases. This malady is ravaging a large portion of the continent, impoverishing millions of people, besides working incalculable harm in many and divers ways not easily mentioned. This rinderpest, or cattle plague, is not a new disease, for it has been known for nearly two cen-

turies. It has not appeared, however, in this country until late years. There was an outbreak of it in Great Britain in 1865, when the government ordered the slaughter of all infected herds. Little is known of its etiology, though when it raged in England in 1865 it was studied by a royal commission, with Sir Richard Quain at its head. That was, however, before bacteriology was known as a science, hence the inquiry resulted in little more than proving the contagiousness of the disease and the futility of the then known methods of treatment.

"Dr. Koch will, of course, investigate it chiefly from the bacteriological standpoint, and he will be assisted by his colleague, Dr. Kohlstock, and perhaps others. We await with considerable interest the result of this investigation."

"Zip Coon's Dog."

The *Medical Fortnightly* speaks of one Dr. Weber with some degree of plainness:

"Some men are like Zip Coon's dog, 'born contrary;' so it would seem when we read in the *Cleveland Press*, that Dr. Weber, a leading medical man of that city, and a graduate of one of the St. Louis medical colleges, proposes to resist the Musgrove law, and will not register. His plea indicates pure contrariness, and not that wisdom which should be found in him who has been the one who taught 'the framers of the law all they knew of the science of medicine.' He says the law cannot compel him to register, because he became a practitioner before the law was formed, consequently the law is retro-active when it demands of him that he register. Granted this be true, what does Dr. Weber lose by complying with the law? Nothing, but he gains the respect of the great army of physicians who be-

lieve in the elevation of the profession. A few fossilized practitioners can do more harm to medical reform than a thousand earnest believers in it can remedy. Why cannot Dr. Weber willingly aid the law, instead of airing his grievances in the public press? It would be more ethical, more gallant and more honorable."

The Medical Association of the State of Alabama.

The annual session of the Medical Association of the State of Alabama will be held in the city of Selma, commencing on the third Tuesday in next month (April 20), at 12 o'clock, noon, and will continue four days.

Regular reports will be submitted on the following subjects:

Glenn Andrews, M. D., Montgomery—Alcohol; its value and Place in Therapeutics.

Eugene DuBose Bondurant, M. D., Tuscaloosa—Endemic Multiple Neuritis.

John Daniel Sinkler Davis, M. D., Birmingham—Present Status of Surgery.

Tucker Henderson Frazer, M. D.—Sterility of the Sexes.

James Adrian Goggans, M. D., Alexander City—Recent Progress in Gynaecology.

Duke Williams Goodman, M. D., Mobile—The Medical Topography and Climatology of South Alabama and the Gulf Coast.

Capers Capehart Jones, M. D., East Lake—Puerperal Eclampsia.

Charles A. Mohr, M. D., Mobile—Chemistry; its value to the Physician and importance from a Medico-Legal View.

Henry Altamont Moody, M. D., Bailey Springs—The Medical Topography and Climatology of North Alabama.

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Cunningham Wilson, M. D., Birmingham—Bacteriology; its Value in the Diagnosis and Treatment of Disease in Alabama.

Following is a schedule of Volunteer Papers:

John I. Hunter, M. D., Montgomery—Renal Calculi.

W. H. Sanders, Mobile—Vital and Mortuary Statistics: their Value and Scope.

William Groce Harrison, M. D.—The Microscope in Clinical Work.

Benj. J. Baldwin, M. D., Montgomery—Extraction of Cataract.

Thomas Green Howard, M. D., Selma—Spina Bifida.

J. Franklin Peavey, M. D., Atmore—Morbid Mental Actions, from a Physiological Standpoint.

The Country Doctor.

One of our exchanges, if correct, pays a tribute to the commendable ambition of the country doctors—and while the claim made is quite large, yet we must agree that from a personal correspondence with many of the physicians who take a post-graduate course, are from the country and the small towns. Our exchange says:

“Association with matriculates of some of the post-graduate schools of our big Eastern cities has demonstrated that these institutions depend for their existence upon the patronage of physicians who practice in the small towns and villages of the rural districts; and this fact is further proof of the claim, that the country doctor comes nearer fulfilling the functions of a physician in its truest sense than does his city brother. If correctly informed, some 90 per cent of post-graduate matriculates are from the country towns in the South and middle West. Earnest, studious men, ranging in age from thirty-five to forty-five years. Not often

dressed in the height of fashion, but men of sturdy countenance and an air of trustworthiness. They are readily recognized as representatives of the average classmen of the under-graduate schools of ten years ago. Not the boys who took the highest grades and stopped there; not the dressy fellows who failed early, nor the loafers, nor yet those whose college dreams were of lucrative specialties and short hours, but the boys who believed there was nothing for them but faithful labor and self-denial. These average men, for the most part, are located in small towns to do country practice, doubtless from lack of money with which to start in a city, or, perhaps, coming from the country, they felt safer to return to it. They made a specialty of the practice of medicine entire, not in part. They continued to plod with their school-day diligence, and after ten years they again matriculate, not as boys making an experiment, but as self-reliant, well-poised men who have succeeded."

After a Bogus College.

One of our Alabama medical friends, and one who is interested in maintaining the best interest of the profession, sends us the following, which he takes from the *Chicago Times-Herald*:

Dr. Fred Rutland, president of the Wisconsin Medical College, 1001 West Congress street, fell into the hands of the federal authorities yesterday. He is charged with using the mails for fraudulent purposes. The warrant was issued at noon by United States Commissioner Humphrey, and Dr. Rutland was arrested in the office of his college early in the afternoon, and held in \$5,000 bonds for a hearing this afternoon.

Rutland's college is a regularly chartered corporation under the laws of Wisconsin. The institution has been the object of much unfavorable criticism. It is authorized to issue degrees. A total of 907 diplomas

were issued last year, a record that has never been attained by any other medical institution in the country. The manner in which Rutland issued degrees got him into trouble.

For some time the postal authorities have been watching Rutland. Last week they proceeded to get him in their clutches. Henry F. Ahner, of Milwaukee, a newspaper man, opened a correspondence with Rutland. February 18th he received a list of questions. February 20th he sent in his answers, and February 22d he received his diploma. Ahner got a liberal discount on the ground of poverty, and his diploma cost him \$10. G. B. Lindsey, 5,955 Union avenue, opened correspondence with Rutland at the same time, and his diploma, with a \$25 C. O. D. attachment, is awaiting him in an express office in Chicago.

Yesterday morning the two young men called on Rutland for advice, together with Postal Inspector Gould, who posed as a prospective student. They were met by President Rutland. He advised the young men to confine their operations to the eight states and territories where no examination or inspection of medical practitioners is required, namely, Wisconsin, Michigan, Indiana, Kansas, Idaho, Nevada, Wyoming and Oklahoma. He said most of his "graduates" were practicing in those localities, because all that was necessary was to register the diploma given by him. Rutland gives the same advice in his circulars, and says he does not want to violate any state law, and will not advise any of his graduates to practice except where they are afforded the protection of the law. When the president of the Wisconsin Eclectic Medical College had concluded his advice, he turned his attention to Inspector Gould and flattered him in promising that he could pass a successful examination in a short time. Then Gould told him the true purpose of their mission, and opened the door to admit Deputy Marshal Clark. The doctor protested that he was the victim of a persecution by jealous medical rivals. He asked for a continuance to get an attorney, and thought he would be ready for a hearing to-day.

Editorial and Miscellaneous Notes.

DR. B. A. STEPHENS, of Lineville, Ala., was in Aniston during the past week, and while here subscribed for *THE AGE*. The doctor is the President of the Clay County Medical Society, and reports the Society as being in good condition.

OUR good neighbor, the *Atlanta Medical and Surgical Journal*, begins its fourteenth volume under the new series with this (March) issue. This journal is ably edited, neatly printed, and has been for these many years a welcome visitor to a large and appreciative list of the best doctors throughout this country. The "Old Atlanta" is true to the best interests of the profession, maintaining and upholding them at all times. As such, we hope she may live long and prosper.

DR. J. C. SWAN, of Wedowee, Ala., ex-President of the Randolph County Medical Society and Counsellor of the State Medical Association, was in the city a few days ago. The doctor reports his home society to be in fairly good condition and doing good work. We were glad to have the doctor call at our office and spend awhile with us, and become a subscriber to *THE AGE*.

THE HALCYON.—This splendid sanatorium, located on Seventeenth West Cain street, in the city of Atlanta, is known to be one of the best and most complete in the South. Dr. J. B. S. Holmes, the distinguished surgeon and gynecologist, has been careful to supply The Halcyon with everything for the convenience, safety

and comfort of his patients, and physicians may rest assured that patients sent to Dr. Holmes will have the very best attention.

DR. W. H. BLAKE, of Lineville, Ala., has been appointed by Governor Johnston one of the convict inspectors for the State of Alabama. We are quite sure Dr. Blake will make a pains-taking and efficient member of the board.

WILLIAM R. WARNER & Co., pharmaceutical chemists, Philadelphia, have just completed a 300-page pocket medical dictionary, size 6½ by 4 inches, which will be ready for delivery about March 10, 1897. It is the intention of the Messrs. Warner to offer this dictionary to the medical profession at a figure approximating the cost, or about 75 cents. Advance sheets indicate the type and presswork of the book to be excellent and the definitions simple yet comprehensive. Orders should be addressed to William R. Warner & Co., 1228 Market street, Philadelphia, Pa.

JUSTIN HAYNES, M. D., Western Springs, Ill., says: I have a patient in my sanitarium who has scanty and painful menstruation; she is now taking her third bottle of Aletris Cordial with marked beneficial results. I have prescribed it for a number of patients outside of my sanitarium, and consider it a very valuable remedy for the conditions for which it is recommended.

DR. JOHN B. HAMILTON, of Chicago, will deliver the address on State Medicine, at the next meeting of the

American Medical Association, in place of Dr. Jerome Cochran, deceased. Dr. Hamilton is one of the most competent physicians of this country. As is well known, he is the able and distinguished editor of the *American Medical Association Journal*, and a better selection could not have been made to fill the place of the lamented Cochran of Alabama.

CHICAGO, December 31, 1896.

Messrs. McKesson & Robbins:

Dear Sirs:—My trial of blennostasine has convinced me of its usefulness in the treatment of excessive mucous secretions, but I feel sure you will have more demand for pills containing three or five grains, than you will have for the one grain pills first suggested.

Yours very truly,

E. FLETCHER INGALS.

Pills containing three and five grains are now supplied by McKesson & Robbins.

SANMETTO IN GONORRHŒA.—Dr. A. G. McCormick, Richmond, Province of Quebec, Canada, writing, says: "I prescribed Sanmetto in a recent severe case of gonorrhœa with the greatest satisfaction. I never prescribed any remedy in such cases that acted so well. The case was one of simple gonorrhœa, of a severe type pain, burning and scalding, with a profuse discharge. By the use of Sanmetto my patient made a rapid and satisfactory recovery. Sanmetto is a sovereign remedy in such cases. I used it two years ago in a like case with a similar result. I am well satisfied that

Sanmetto is by far the surest, speediest and safest, as well as the most pleasant and most satisfactory remedy we have for gonorrhœa."

DR. H. I. JONES, of San Francisco, in an article on "Chronic Aural Catarrh," appearing in the February issue of the *Laryngoscope*, says: "Lately I have been employing a vapor massage by means of the Universal Multi-Nebular Vaporizer. In those chronic cases with thickening and rigidity of the ossicles, have found excellent results. For the benefit of our readers who are interested in this important branch of therapeutics we will say that the Universal Multi-Nebular Vaporizer is manufactured by the Globe Manufacturing Company of Battle Creek, Mich. It is a recent production, but has already received the endorsement of many prominent specialists and brings to light new possibilities in respiratory and aural therapeutics."

DIET IN CHRONIC DIARRHŒA OF INFANTS.—If the child be under one year of age the diet must not go beyond the range allowed at that period of life. Barley water and whey, perhaps milk, according to circumstances, and Mellin's food, raw meat juice, white of egg or yellow of egg with water, mutton broth, weak beef tea, is a sufficient list of foods. It is generally asserted that animal broths are deleterious in diarrhœa. Used in small quantities cold I have not noticed any prejudicial effect, and certainly the number of stools has not appeared to be increased.—*From "Treatment of Diseases in Children," Angel Money, M. D.*

AMENORRHŒA.—Dr. C. C. Abernathy writes: "I placed a sample bottle of Dioivurnia (Dios) in the hands of a young lady who had been suffering from amenorrhœa for six months with instructions to use it and report result. At the expiration of two months she wrote me, "You can safely recommend Dioivurnia—it has entirely relieved me." Encouraged by this gratifying result I procured through our druggist a dozen bottles and have used them all and more in the treatment of dysmenorrhœa, menorrhagia and leucorrhœa, in all of which there is generally congestion of the womb and ovaries, and I am pleased to say that it has acted well in every case. I shall continue to use it."

LARYNGEAL OR WINTER COUGHS.—Walter M. Fleming, A. M., M. D., examiner in lunacy, Superior Court, city of New York, physician to Actors' Fund of America, etc., in giving his experience in the treatment of the above and allied disturbances, in *The Journal of Nervous and Mental Disease*," submits the following: "In acute attacks of laryngeal, or winter cough, tickling and irritability of larynx, faith in antikamnia and codeine tablets will be well founded. If the irritation or spasm prevails at night the patient should take a five-grain tablet an hour before retiring and repeat hourly until allayed. This will be found almost invariably a sovereign remedy. After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail morning or mid-day the same course of

administration should be observed until subdued. In neuroses, neurasthenia, hemicrania, hysteria, neuralgia, and, in short, the multitude of nervous ailments, I doubt if there is another remedial agent in therapeutics as reliable, serviceable and satisfactory; and this, without establishing an exaction, requirement or habit in the system like morphine. Finally, in indigestion, gastritis, pyrosis, nausea, vomiting, intestinal and mesenteric disorders and the various diarrhoeas, the therapeutic value of antikamnia and codeine is not debatable. The antipyretic, analgesic and antiseptic properties are incontrovertible and therefore eminently qualified to correct the obstinate disorders of the alimentary canal."

THE THOMPSON LABORATORY, }
 WASHINGTON, D. C., Feb. 8, 1897. }

The Tilden Company, Lebanon, N. Y.:

GENTLEMEN—I have been suffering for two days from an acute attack of neuralgia—very severe at nights. This evening, deciding to take an antipyretic and accidentally coming across a sample bottle of your Liquid Antipyretic, I took one single dose which had a marvelous effect and no after effects, as I usually have after taking acetanilid, a drug I always prescribe.

Yours, etc.,

JOSEPH A. THOMPSON, M. D.

THE following item, from one of our exchanges, meets with our most earnest approval:

"Too many men of the medical profession, it is feared, are apt to pin their faith to a drug that bears a

long chemical name, manufactured perhaps in Germany, which is considered a guarantee of its purity and ethical property. The fact is, most of such drugs are patented, hence are irregular from an ethical standpoint. It is a satisfaction, however, to know that many American manufacturing chemists are producing pure medicines at a less cost, and with equally or, perhaps, more certain results in their therapeutic application. Attention is invited, in this connection, to the advertisement of the Charles Roome Parmele Company."

This company, now so well and favorably known by the medical profession of this country, are justly entitled to the continued commendation which they receive from the profession, because of the excellency of their preparations.

THE Medical Association of Mississippi will meet in the city of Jackson the 21st of next month, and continue in session three days. We acknowledge an invitation from the President, Dr. Gilbert, to attend this session of the Association, and regret that the meeting of our own Association convenes at the same time, and we will be deprived of the very special pleasure of attending the meeting of the Mississippi Association.

The *Memphis Medical Monthly* says of the approaching meeting :

"It is with no little pleasure that we note the approach of the thirtieth annual meeting of that sterling medical organization, the Mississippi State Medical Association. This association has long been a pioneer in good medical work, and has contributed much toward elevating the standard of requirements for the practice of medicine in Mississippi. The meeting this year

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will take place at Jackson, on April 21, 22 and 23. It behooves every practitioner in the State to endeavor to attend the meeting, and if not a member to become enrolled among a list of names that would reflect credit upon the medical profession of any State. The President, Dr. J. W. Gilbert, of Verona, will deliver the annual address, and those who know the essayist personally (and there are few in the State of Mississippi who do not) expect an effort that will in all verity do this accomplished gentleman proud.

"The preliminary program will be mailed sometime this month."

ON THE TREATMENT OF MALARIAL FEVERS IN FLORIDA

BY W. H. HOWELL, M. D., OF CENTERHILL, FLA.

In the peninsular portion of the State of Florida, and especially in the regions where abounds shallow ponds, we have malarial fever in all its types.

One of the types to which I more especially direct attention is very peculiar in its course and duration. It is known by the masses as "slow fever," and while it resembles both typhoid and continued malarial fevers, it has not the characteristic symptoms of either.

I have known it to run for forty days, with scarcely an outward symptom, save an elevation of temperature. There is not the bowel disturbance of typhoid nor the septic element that usually characterizes a continued malarial fever of low type.

It generally begins with a feeling of malaise, slight headache, a white furred tongue, and constipation of the bowels. In one or two instances I have known it to begin abruptly with bilious vomiting and great sys-

temic disturbance, but the constipation and white tongue are the only constant symptoms I have noticed.

I have tried all kinds of treatment in my effort to cut it short—using quinine in various portions, Warburg's Tincture, &c., but have never succeeded in "curing" it. Occasionally a patient will have a slight gaseous distension of the bowels, with offensive stools, and then the intestinal antiseptics seem to lower the temperature, the best being zinc sulpho-carbolate, gr. 4-6, 3 times a day.

There is one remedy that I especially desire to call attention to as an antipyretic. I refer to Zomakyne. I was favorably impressed with the combination of Caffeine with the coal-tar product, and clinical experience has confirmed that impression. I have used all the coal-tar antipyretics on the market, but this combination, as prepared by the Maltbie Chemical Co., of Buffalo, N. Y., has had the happiest effect of them all. Given at the height of the fever, it produces a feeling of comfort and well-being that I have not obtained from any other similar product.

In several cases I have thought that it possibly might have shortened the course of the fever—as I have been able to keep the fever in bounds, by its administration, without any depressing effect. I have always regarded the relief of pain, restlessness and discomfort, from whatever cause, when it can be done without prolonging the disease or lessening the chances of recovery, a great desideratum in the treatment of disease, and this remedy supplies a long-felt want for that purpose.

THE MEDICAL COLLEGES
WHICH PLACE THEIR ANNUAL
ANNOUNCEMENTS IN THE AGE.

THE JEFFERSON MEDICAL COLLEGE,
Philadelphia, Penn.
J. W. HOLLAND, M. D., Dean.

COLLEGE OF PHYSICIANS AND SURGEONS,
Baltimore, Md.
DR. THOMAS OPIE, Dean.

BELLEVUE HOSPITAL MEDICAL COLLEGE,
New York.
AUSTIN FLINT, M. D., Sec'y.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS,
St. Louis, Mo.
WALDO BRIGGS, M. D., Dean.

MEDICAL DEPARTMENT OF THE TULANE UNIVERSITY OF
LOUISIANA, New Orleans, La.
PROF. S. E. CHAILLE, M. D., Dean.

UNIVERSITY OF MARYLAND,
Baltimore, Md.
R. DORSEY COALE, Ph. D., Dean.

VANDERBILT UNIVERSITY MEDICAL DEPARTMENT,
Nashville, Tenn.
DR. RICHARD DOUGLASS, Sec'y.

BIRMINGHAM MEDICAL COLLEGE,
Birmingham, Ala.
DR. J. H. JOHNSTON, Dean.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF TENNES-
SEE, Nashville, Tenn.
PAUL F. EVE, M. D., Dean.

SOUTHERN MEDICAL COLLEGE,
Atlanta, Ga.
DR. JAMES B. BAIRD, Dean.

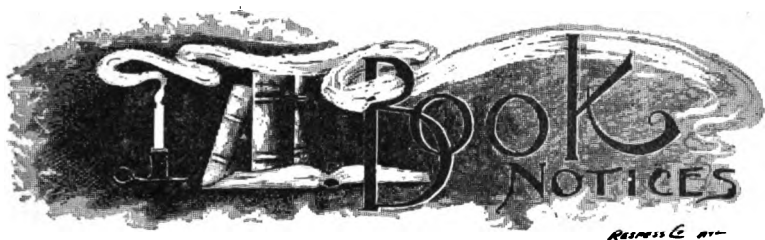
CHATTANOOGA MEDICAL COLLEGE (Medical Department of Gran
University), Chattanooga, Tenn.
DR. E. A. COBLEIGH, Dean.

KENTUCKY SCHOOL OF MEDICINE AND HOSPITAL,
Louisville, Ky.
SAMUEL E. WOODY, M. D., Dean.

THE MEDICAL COLLEGE OF ALABAMA,
Mobile, Ala.
GEO. A. KETCHUM, M. D., Dean.

NEW YORK POLYCLINIC AND HOSPITAL,
New York.
DR. J. RIDDLE GOFFE, Sec'y.

NEW ORLEANS POLYCLINIC,
New Orleans, La.



THE DISEASES OF INFANCY AND CHILDHOOD.—By Emmett Holt, A. M., M. D., Professor of Diseases of Children in the New York Polyclinic; Attending Physician to the Babies' Hospital, and to the Nursery and Child's Hospital, New York; Consulting Physician to the New York Infant Asylum, and to Hospital for Ruptured and Crippled. Illustrated with nineteen full-page colored photographic plates and one hundred and eighty-five cuts inserted with the text. Sold only by subscription. Prices, Cloth, \$6.00; Sheep, \$7.00; Half Morocco, \$7.50. New York: D. Appleton & Co.

The book before us, entitled "The Diseases of Infancy and Children," is one of the most interesting and instructive works which have been published in recent years. Dr. L. Emmett Holt, a distinguished teacher and writer, has given to the profession a book which should be in the library of every physician. The author has given much space to infant foods, as well as to the acute diseases of the intestinal tract and of the lungs. The articles devoted to infant feeding are alone of great practical interest to the general practitioner. There are numerous new and excellent illustrations which are indispensable, because illustrating, as they do, the pathological appearances in the most common diseases, peculiar clinical symptoms and methods of treatment. We fully indorse the following from the *Weekly Review*, which says:

* * * * * The care of the new-born is the most important part of this entire subject. That this is true is abundantly shown by the mortuary statistics

presented by the author—that 26 per cent. of deaths of all ages occur before the expiration of the first year. In fact more deaths occur in the first year of life than during all the remaining years of infancy and childhood combined. But it is a startling fact that almost all authors have deemed the ailments of the first year as unworthy of extended notice. But it is greatly to the credit of Dr. Holt that he has made the care of the new-born and the consideration of the diseases of the first years of life the main features of the work.

It would be necessary to list almost all the chapters if one wished to name the interesting ones. In the chapter on "Growth and Development" the diagnostic value of frequent weighing is clearly presented. The section on "Nutrition" includes 117 of the very best pages. The question of "Artificial Alimentation" is presented in an up-to-date manner.

The section on "Specific Infectious Diseases" will command the admiration of all. Pertussis, Diphtheria, Tuberculosis, Syphilis and Typhoid Fever are included. The study of Diphtheria is exhaustive and scientific.

The entire work is original, and as it is, in a great part, a presentation of the clinical observations and conclusions made by the author during many years of hospital practice, it comes near being an ideal work for those who have the care of children.

The increasing demand for practical text books is abundantly satisfied by this work. The clinical description, statistical tables, etc., are all drawn from the author's cases. The work is one of the best for clinical reference and it is a necessary assistant to practice from day to day. * * * *

The book is beautifully printed, and, in fact, all the work—printing, typographical work and binding—is splendidly executed by that well known and popular house, D. Appleton & Co.

Physicians can secure this book from their southern headquarters by addressing Mr. A. C. Risdon, Gould building, Atlanta, Ga.

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Original Communications.

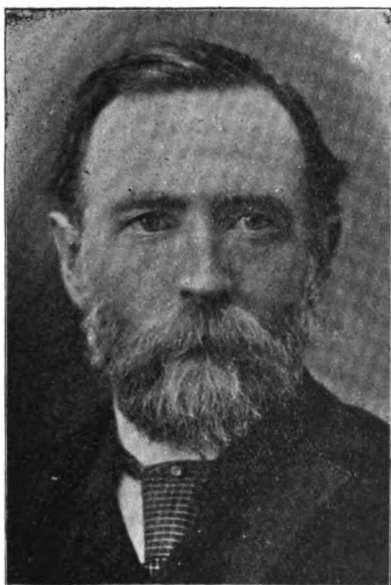
THE GERM THEORY.

By J. W. GILBERT, M. D.

VERONA, MISS.

President of the Medical Association of the State of Mississippi.

[T has been said that future progress in medicine may be summed up in the word *prevention*, and un-



questionably the crowning glory of the discovery of the germ origin of disease consists in its contributions to our knowledge of sanitation—personal, domestic and municipal cleanliness.

It is my purpose to present this phase of the subject to my Mississippi brethren at the coming session of the State Medical Association, and since many of them read the AGE, to treat the subject more satisfactorily and with-

out the risk of making either paper too long, I desire to present through your valued journal some of the improvements in therapeutics resulting from the acceptance of this theory.

ENTERIC ANTISEPSIS.

The therapeutics of enteric disease have undergone the most radical changes within recent years, for it is not so long since the profession began to emerge from under the old practice of using astringents and emollients in diarrheal disease. This is still adhered to by many. The application of the germ theory of disease to enteric disorders has caused the revolution in therapeutics recently adopted in practice.

The pathologist recognized the origin of various enteric disturbances to be due to micro-organisms. He found that diarrhea was simply nature's attempt to sweep out the deadly foe. The consequent interference with digestion left food incompletely changed, thus also acting as an irritant foreign body, and increasing both the watery exudate from the mucous surfaces and the contraction of the intestinal muscles. More or less decomposition followed, with the resulting formation of gas. The ensuing defective nutrition, together with the increased strain of pain and disease, rapidly reduced the strength of the patient.

From such a point of view, the use of opiates and astringents with the intention of paralyzing the bowel and drying up its exudation was bad practice—illogical, if you please—and had to be abandoned. Let the patient recover by removing the cause of disease, has

ever been the watchword of rational medicine. The problem was to destroy the germ life within the enteric tract, and clean the tube of its contents so that the patient would be well. Thus arose the now popular practice of the antiseptic and drainage treatment of diarrheal disease. None heretofore tried has been as efficient. Small doses of the bichloride of mercury, of arsenite of copper, of sulpho-carbolate of zinc, and of other well known agents destructive of germ life, now promptly relieve symptoms which not many years ago seriously taxed the ingenuity, the patience and ease of mind of the physician. Depletory measures have also again come into use, but administered with a clearness of purpose that a like practice formerly lacked. A congested bowel with overloaded turgid vessels is eased with repeated small doses of a saline cathartic, say sulphate of magnesia.

In dysentery, it is difficult to find a more beneficial measure than the conjoined administration of an intestinal antiseptic and these salts, both in minute doses at short intervals.

The promptness with which small doses of arsenite of copper relieve the frequent and painful greenstools of the summer complaint of children would be incredible but for its continuous demonstration.

TUBERCULOSIS.

The article on this subject by Dr. T. A. Casey, in February issue of the AGE, has been carefully read and unquestionably the facts therein presented should awaken serious thought. The reader doubtless recalls

the several widely heralded phenomenal sure cures for this human destroyer, that collapsed like soap bubbles at the height of their glory and in the midst of their brilliancy. This generation presents no problem of more interest to our profession than the solution of the best means of staying the sway of this scythe of death. Consumption is the cause of more deaths than any other one disease. It is now estimated that there are 150,000 deaths yearly, from this disease alone, in the United States. The combined armies of earth, with all their implements of war, can boast of no such destructive power. Notwithstanding this, tuberculosis, like an insatiate vulture, is pluming its black wings for larger conquests, for 'tis on the increase in America.

With these facts confronting us, is it possible to sing too loudly the praise of a discovery that places at our disposal the means of staying the march of this champion destroyer? The germ theory does this. We are not only indebted to it for the fact that many cases of phthisis, in its incipency, are cured by a combined germicidal, reconstructive and hygienic treatment, but for the grander fact that it may be almost, if not completely, eradicated by proper measures. It is our fault more than that of any other class of men that a strong popular movement to this end has not already taken well defined form.

OBSTRETRICS AND SURGERY.

It would be an unnecessary tax upon my time and the reader's patience to give more than a hint on the improvements in practice in these branches, resulting from the adoption of the germ theory.

Many of the older diseases of the puerperium have almost disappeared, the same, for instance, as the passing away of the hospital gangrene, and for substantially the same reason. Puerperal fever is now rapidly becoming a disease of the past, thanks to the influence upon practice of this discovery and a better understanding of physiology and pathology. Parturition is viewed as a normal condition, a physiologic state, which, however, may promptly be converted into a surgical condition by lesion of continuity along the parturient canal. Therefore cleanliness is a precautionary measure. Antisepsis is the same, being abortive of commencing infection. In a normal labor we leave the case well equipped with nature. The patient is treated as a well but exhausted woman, rather than as one sick. She is well nourished. Her pains are relieved rather by change of posture, that gives ease, than by the use of drugs that constipate, arrest the flow of milk, stupify the mother and injure the child. The cleansing of the new born child's conjunctiva with an aseptic liquid, usually a mild nitrate of silver collyrium, requires but a moment and guards against a possible serious ophthalmia. The aseptic treatment of the cord stump simplifies this detail, and makes us to that extent independent of the nurse, who, too often, is incompetent.

In the domain of surgery, every reader of this article knows full as well as the author how the recognition, and a better knowledge, of this microscopic life has revolutionized surgical practice within the past ten or fifteen years, to the immense benefit of suffering humanity. It has even advanced this art and science into the

innermost citadel of what was once confidently asserted to be the impregnable stronghold of the purely medical practitioner. A lingering pleuritic effusion has thus been torn from the physician, and his numerous visits to the emaciated sufferer have given way to the short, decisive, and brilliantly successful visits of the surgeon. This is but an instance. It is enough. The reader will place round about it very many more of various kinds, all within the range of his own personal experience.

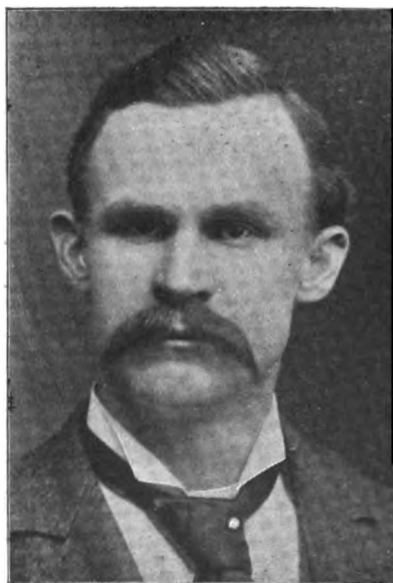
SIMPLE ACUTE CEREBRAL MENINGITIS.

BY JOSEPH T. COULBOURN, M. D.

BIRMINGHAM, ALA.

Read before the Jefferson County Medical Society February 22, 1897.

SIMPLE Acute Cerebral Meningitis, commonly called Leptomeningitis, is an inflammation of the cerebral



meninges, viz: the pia mater and arachnoid, which may be accompanied by a deposit of tubercles. In the latter, however, it is called tubercular in contradistinction to simple meningitis.

This is a more frequent disease than commonly believed, especially in early life, and is attended with very great gravity to the patient. The proportion between tubercular and

simple meningitis is not known. Inasmuch, however, as tubercular meningitis is generally conceded to be always fatal, and in the majority of post mortems the tubercle is found either beneath the meninges of the brain or there are evidences of its presence at the base of the brain, along the course of the great vessels, or in some other portion of the body, we infer that the proportion is very great in favor of the tubercular variety.

The province of this paper, however, is to treat exclusively of the non-tubercular variety. We do have it, and it is not so very rare, either; and I am glad to say that in many cases it is amenable to treatment if diagnosed early. All depends on an early diagnosis. The anatomical characters of the disease are generally marked. First there is an intense hyperæmia, generally symmetrical as regards the hemispheres. The blood vessels and their minute ramifications are intensely congested, giving the membrane a vivid crimson or dark pink color. If the inflammation is traumatic, or the result of an extension from the middle ear, it is then generally unilateral. Following this intense congestion is a sweating out of the liquor sanquinis and white blood corpuscles. If death occur later in the course of the disease, the meshes between the layers of the pia mater are filled with pus of a greenish yellow color, more noticeable in the course of the larger vessels and between the convolutions. Sometimes the membrane is adherent to the surface of the brain, and in extreme cases the convex surface of the brain is almost uniformly covered with a thick layer of greenish yellow

pus. The inflammation may extend to the lateral ventricles, in which case they are generally filled with fluid either turbulent or almost opaque with pus. In many cases where the ventricles are completely filled with fluid the gyri of the brain are flattened against the surface of the cranium, which can be seen at a distance, and when once seen can never be forgotten. The flattened portions of the gyri present a beautiful pink blending into an intense crimson, which gradually becomes of a greenish yellow color, as the spaces between the convolutions are filled. The cerebral sinuses are distended with blood, and besides recent coagula contain many thrombi, due no doubt to the intense inflammatory action. In tubercular meningitis the evidences of inflammation are most always basilar, and accompanied with the tubercular deposit.—*Etiology.*

Meningitis may be either idiopathic or secondary.

Primarily it is very rare, but is supposed to be caused by the excessive use of alcohol, or from exposure to the sun's rays. I have in mind a case which occurred in a ship carpenter, who invariably worked in the hot sun bare headed. It is sometimes the result of a blow on the head, without any visible signs of injury. The most marked case I ever saw was that of a young telegraph operator. In this case there was no apparent cause—as he was a strong, robust young man, with a splendid family history—unless it was his occupation. He only lived a few days.

The tubercular variety is more often found in the very young, whereas simple acute occurs oftener in the young and vigorous adult.

Secondarily, it is either traumatic—i. e., direct cause of injury or the result of the extension of inflammation from the middle ear. This latter, by the way, is the more frequent cause.

Again, we may have it in complication with the eruptive fevers, pneumonia, acute articular rheumatism, erysipilas of the face and scalp, ulcerative endocarditis, pyæmia, typhus fever, etc. Also in Bright's disease, especially the chronic interstitial form; in which, however, the symptoms are then more often due to uræmia than meningitis. And last but not least in syphilis.

The symptoms of acute meningitis vary much in the course of the disease. Most authors agree that there is almost always a prodromic stage, especially in children, lasting from a few hours to two or three days. The child becomes fretful and morose, and cannot be easily amused. If old enough it complains of a dizziness and a pain in the head. If there has been a discharge from the ear, it generally ceases at the approach of the disease. Noises and bright lights disturb the child. These symptoms are very soon followed by a rigor with convulsions, vomiting, and fever of more or less intensity, but rarely above 103 or 104 deg. F. The eyes are very bright and suffused, and the bowels are invariably constipated. Vomiting is generally without effort, and has little or no depressing effect. The general practitioner is rarely called during the prodromic stage, but is more than likely to be hastily summoned to find the child in convulsions; or if an adult, almost delirious with the characteristic pain in the head, flushed face, and the carotid and temporal arteries pul-

sating freely. The eyes are unnaturally brilliant, but generally much congested, with the eyebrows corrugated. Very often the patient is found with his face either covered or buried in the pillow, to protect the eyes from the light; or you may find him in active delirium, which is sometimes maniacal. Indeed, this delirium has been often mistaken for acute mania. The pulse is generally full and strong, but rarely much accelerated. The respiration in the first stage is seldom affected, but later on becomes irregular and sighing. There is another marked symptom in children, viz: the hydrocephalic cry. At intervals, while apparently asleep, the child will utter a sharp, piercing cry, and relapse again into slumber.

Two important stages are recognized in this disease. First, there is the stage of excitement, which continues until effusion takes place; which latter is called the stage of depression. The respiration becomes stertorous, important nerve centers are involved, paralysis may occur, and the pulse is very rapid and weak. The patient sinks into a profound coma, and at last death closes the scene.

DIAGNOSIS.

The diagnosis of acute meningitis is often difficult, especially in the early stage and in complicated cases. It is always important to make an early diagnosis, for if it is ever amenable to treatment it is in the early stage. The most prominent symptoms are severe pain in the head, photophobia, vomiting, constipation, depressed abdominal walls, and at times more or less re-

traction of the head, especially in the basilar form. The pulse is slightly accelerated, face and head flushed and hot, and the eyes of a piercing brightness (the pupils may or may not be contracted).

Since this disease is often the result of middle-ear inflammation, or falls or blows on the head, it is well to examine carefully. Many of these symptoms occur in the eruptive fevers, and uræmia. A careful analysis of the urine will eliminate uræmia, and by a careful history of the case and noting the symptoms you can generally eliminate the fevers. It is almost impossible to differentiate true meningitis from active hyperæmia of the brain. In some cases of typhoid fever, where there is early and active delirium, meningitis may be suspected, but even then by careful attention to the fever chart and the state of the bowels meningitis can generally be eliminated. Certainly as the disease advances one could not long be misled. In functional mania there is no rise of temperature. On the whole, the general practitioner is more apt to consider some other disease meningitis, than the latter something else.

From tubercular meningitis it is always very difficult, aside from the tubercular history, to distinguish the simple form. There is generally a longer prodromal stage, and the initial stage is not so active in the basilar form. Sometimes there is general tuberculosis, and again the tubercle may be observed in the choroid. The crucial test is the finding of the tubercle.

The prognosis is always very grave. As a rule, the duration of fatal cases is not longer than ten days. Favorable signs are a general abatement of the symptoms.

Disordered respiration and coma, with a rapidly rising pulse, is a precursor of death.

TREATMENT.

Professor William Osler, in his able treatise on the practice of medicine, says: "There are no remedies which in any way control the course of acute meningitis." I am glad I differ with him. I have seen good results from treatment. Those results give me faith in our remedies, and that same faith helps me many times to successfully battle with the most trying of diseases. Without *any faith at all* in the virtues of his remedies a practitioner must be a poor stick in a sick room. As before stated, successful treatment depends upon an early diagnosis. It is three-fold in character: 1st. If possible, try and prevent inflammation. 2d. Modify said inflammatory action. 3d. Place the patient in the best possible condition to withstand the ravages of the disease. In the first stage you are more than apt to find the patient threatened with convulsions, bowels constipated, and pulse full and bounding with the severe pain in the head. Give large doses of calomel and soda say five or ten grains every three hours until the bowels move freely, followed by frequently repeated doses of sulphate of magnesia. The object is to move the bowels quickly. If necessary give the patient enemata of warm water and glycerine or soap. Mercury acts in two ways. It is a good anti-phlogistic and a sorbefacient of no mean value. The next in importance is the local application of pounded ice to the head; its continued use. Convulsions and de-

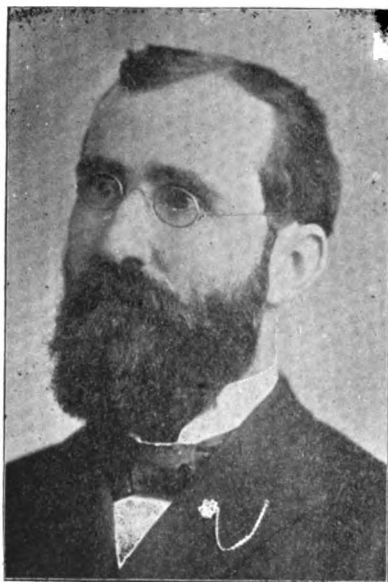
lirium are best controled by the bromides and chloral in large doses frequently repeated, and by the rectum if necessary. Fluid extract of ergot may be combined with this. If this does not control the convulsions and secure absolute quiet you will be compelled to give small doses of morphia hypodermatically. Darken the room, and keep the patient absolutely free from all noise and light. If you have a strong and robust patient, with a full and bounding pulse, why bleed, and bleed freely; if not, small doses of aconite frequently repeated are recommended. Vomiting is best combatted with ice internally, and small doses of morphia hypodermatically. When the bowels are moved freely, vomiting is apt to cease. Then discontinue the use of mercury, and give in its stead large doses of the iodide of potash every three or four hours, preferably in Fairchild's essence of pepsin. In the first day or so in uncomplicated cases nourishment need not be insisted upon, except perhaps a little iced milk. But later, must be given freely in the most nutritious forms. If the disease is the result of a middle-ear inflammation, surgical skill should be sought. In complicated cases you will have to be governed according to circumstances. Blistering has been recommended, but absolutely does no good and possibly may be harmful. In the stage of depression, when the patient is in profound coma, you can do but little. Stimulate the flagging heart, nourish, by the rectum if necessary, and look out for the distended bladder.

NUCLEIN IN THE TREATMENT OF PULMONARY TUBERCULOSIS, WITH REPORT OF SOME CASES.

NATHAN L. CLARKE, M. D.

MERIDIAN, MISS.

THE adage "first impressions are most lasting" is probably as true in medicine as elsewhere, and often has much to do with our confidence in remedies or



the extent to which remedies are used, our estimate of their value being measured by the success or failure of their first employment.

In my first employment of nuclein I was most favorably impressed, and in its subsequent use I have had no reason to change my opinion, for of all the later additions to our already long list of therapeutic agents there are, in my opinion, none more important than this remedy, and I wonder that its use has not become more general.

My experience with it, though not extensive, has led me to regard it as an agent of great value. Indeed, there are so many pathological conditions to which it can with benefit be applied that its scope of usefulness seems almost unlimited.

The theory of its therapeutic action—that of stimu-

lating the phagocytic action of the white blood corpuscles—enabling the system to a better resistance of diseases of all kinds, is an attractive one, and constitutes rational therapeutics. The power of nuclein to so stimulate these phagocytes has been proven beyond doubt, as has also been its power to produce leucocytosis, a feature not unimportant in the treatment of consumption and other wasting diseases. Under its invigorating influence their energy and fighting capacity are increased, for when they come upon an invading enemy, endangering the organism, a battle-royal is at once on, a fight to a finish, with the survival of the fittest. Often the disturbing bacteria overcomes the body-cell, overwhelms the system, and the individual dies. In other cases the organism is for a while overcome, when the cells reassert themselves, and the system again assumes a normal condition.

It is thus seen how important must be any remedy that directly induces phagocytosis. When the system is in a healthy condition the phagocytes need no assistance; they are capable of subduing the weaker foreign element that may enter therein. But when a mighty, stubborn foe attacks with determined effort, as it were, to overcome and destroy the vitality of the system, then it is that nature needs help, and in the cases which I shall report, and others, nuclein proved to be the ideal help, invigorating and stimulating the phagocytic action of these body-cells, and thus enabling them to rout the pathological element that was so rapidly devitalizing the structure and destroying the health.

In the cases of consumption treated by me with this

remedy the effect was so immediately and continuously manifest that I am convinced that there are few cases of this dread disease that could not be benefited, and if taken early in the disease cured by its use. One advantage in the use of nuclein is that it is comparatively inexpensive. Another is its freedom from danger. In all the cases in which I have used it there has not been an untoward symptom from its use.

To get the full benefit it should always be administered hypodermatically, for then we know it is immediately appropriated, something we cannot feel sure of when given by the stomach.

The preparation used was the 1 per cent. solution prepared by Parke, Davis & Co., according to the formula of Prof. Vaughan, of the University of Michigan.

In none of the cases treated was there a microscopic examination made, but the symptoms and clinical signs and histories were such that there can be no doubt, I think, of the correctness of the diagnosis.

Case I. J. A. S., white, male, age 35; occupation superintendent of car repairers in railroad yard. Had enjoyed good health until September, 1895, when he became troubled with a cough, and had several profuse hemorrhages from his lungs, at a few days interval, from which he was pretty well exsanguinated, and so weakened that he was compelled to give up work for a few days. Remedies to control hemorrhage and tonics were given, the tonics continued through the winter with slight benefit. March, 1896, he had a recurrence of the hemorrhages, about as those six months previous. Treatment to control the hemorrhage and creosote with

the syrup of the hypophosphites comp. was given without apparent improvement, except the cessation of the hemorrhages. The patient's weight had by this time been reduced from 170 to 140 pounds, a loss of 30 pounds, and his condition was anything but favorable. There was daily rise of temperature with severe night sweats, frequent and distressing cough, complete loss of appetite, and extreme muscular weakness. Whole of left and apex of right lung consolidated. The first treatment with nuclein, ten drops, hypodermatically, was given April 14th, and every day thereafter for two weeks, every other day for the next two weeks, and every third day for another two weeks, increasing the dose four drops each day until eighty drops was reached, never going above this amount. The morning following the first injection the patient felt much better and enjoyed a hearty breakfast, and from this time on his appetite improved, he rapidly grew stronger, and at the end of the first week had gained ten pounds in weight, there being a corresponding improvement in all the other symptoms. During the next two weeks he gained another ten pounds, and three weeks later, when he discontinued his visits to my office, had gained to within a few pounds of his weight when in good health, and stated that he felt as if he was again a healthy man.

Case II. J. F. B., white, male, aged 29 years; occupation newspaper reporter. Had been in declining health for several months prior to the time I was called, April, 1896, at which time he was confined to his bed, having daily attacks of hemoptysis, with harassing

cough, daily rise of temperature with night sweats, anorexia, general weakness, and considerable reduction in weight. Consolidation of right with infiltration in part of left lung. Under treatment the hemorrhages soon ceased. Stimulating tonics with creosote were given without apparent improvement, until June 19th following, when treatment with nuclein was begun and continued as in Case 1 for four weeks, when the patient's condition was so much improved that further treatment was deemed unnecessary. The fever and night sweats disappeared in three or four days after beginning treatment. His appetite at once returned, and with it a rapid increase in bodily strength and weight. The cough gradually diminished, and before the end of the four weeks he was in his usual health and ready to return to work.

Case III. J. W., negro man, age 43, who for eighteen months had been in failing health, came to me the latter part of June, 1896, after having been treated by several physicians of the city, with every appearance and symptom of a man far advanced with consumption. In addition to the involvement of a large amount of lung structure, which was producing great pain and dispnia, he was suffering greatly from laryngitis and constant and most distressing cough, and was having frequent hemorrhages. I gave him a quieting cough mixture and stimulating tonics, and referred him to Dr. W. S. Sims, of this city, for treatment of his throat, in whose skillful hands I hoped he could at least get temporary relief. There was, however, no improvement in his condition until after beginning treatment with nuclein,

July 2d. This was given, as in the other cases, for five weeks, when he seemed well restored to health, and the treatment was discontinued. His health continued good until two months ago, he had an attack of grip, which left him with a cough and slight fever. Nuclein was given for three weeks, which again relieved him and again made him happy, and feeling thus he gave evidence, in his humble way, of his gratitude by the following language, used when he left my office a few days since: "Doctah, you sho is a likely man, an gets de praise ob all de good folks ob de town, bof de white an de black."

BLOODLESS AMPUTATION AT HIP AND SHOULDER JOINT.

BY GEO. A. HOGAN, M. D.,

Professor of Chemistry and Assistant to Chair of Surgery, Birmingham Medical College, Birmingham, Ala.

THE following cases were recently exhibited at the clinic of Dr. J. D. S. Davis, and as they have never been placed on record I report them for that purpose.



J. D. S. DAVIS, M. D.

Case I. Mattie C., age 10 years, white, of East Birmingham, was operated on September 5, 1895; had tubercular osteo-myolitis of right femur, which had destroyed the head of the femur and acetabulum. The knee-joint was destroyed, and though this case had been for two years under treatment by exten-

sion and drainage she had been reduced to skin and bones, and the morning of the operation had a temperature of 104°, and pulse 150. Patient was anesthetized with chloroform by Dr. Talley, assisted by Dr. W. E. B. Davis and Dr. Ransom. Dr. Davis amputated at the hip-joint by the Wyeth bloodless method, with slight modifications made necessary by large sloughs in groin and buttock, and numerous pus collections at and below the joint. The hip was brought over the edge of the table, and the Esmarch bandage applied as high as the knee, and limb held for a couple of minutes in an elevated position. Instead of the mattress needles of Wyeth, Dr. Davis used a couple of round hysterectomy needles provided with flat oval button covers for the points of the needles. The covers for needle points are flat and less in the way than corks, and Dr. Davis has since used like needles and flat oval covers for the points. The first needle was inserted as recommended by Dr. Wyeth, one inch below and slightly to the inner side of the anterior superior iliac spine, well into the tissues for two and one-half inches, and made to emerge on a level with point of entrance. The second needle was inserted one inch below the head of the crotch, internal to the saphenous opening, through the adductors, and the point pushed out about one-half inch below the tuber ischii. Both needle points were capped with the flat oval covers, and a small ($\frac{1}{2}$ inch) rubber tubing was, while on the stretch, passed three times around the thigh above the needles and fastened in the clamp. The method of Wyeth could not be followed in making the incision on account of the sloughs,

and instead the lateral flaps of Larrey were made, the flaps having to be much reduced by the removal of fistulous tracks. Wound healed by first intention, with the exception of a fistulous track above field of operation. This continued to discharge for several months. The patient is now in perfect health, and attends school regularly.

Case II. Charley M., age 9 years, of Bessemer, Ala. This little patient was brought to the private infirmary of Drs. Davis almost in a dying condition. Had tubercular destruction of hip-joint and the upper third of femur contained a sequestrum, with only a posterior shell of the bone left. Had been sick in bed for several months, and the joint drained. Patient was emaciated to a shadow. It was the thinnest patient ever admitted to the infirmary. Temperature $104\frac{1}{2}^{\circ}$ and pulse 155 on the morning of the operation, January 22, 1897. The patient was almost in a dying condition, and to save him a quick operation was necessary. The operation was by Wyeth's technique, with two exceptions. The pins were of the kind described in first case, and on account of a long fistulous opening one inch external to great trochanter, the longitudinal incision was made by cutting out the fistulous opening. Eight minutes were occupied in the amputation and application of the dressing. Patient began to improve immediately after the operation, and is now perfectly well. Operation was performed in the presence of Drs. Lacy, W. E. B. Davis, Robt. Jones, Hardee Johnston, Geo. Hogan and Fred Davis.*

**Wyeth Bloodless Method of Amputating at the Hip-Joint.*—With the hip well over the edge of the table, if the condition of the limb allows it, apply an Esmarch bandage as high as possible; enter

Case 3. Clark, age 13. Had osteomyelitis of left humerus. The disease involved the glenoid fossa to such an extent that it had to be curretted away. A sequestrum of entire shaft of humerus and the upper third was not covered by involucrum, except by a narrow bridge in front. The elbow was also diseased.

the point of a steel mattress needle, three-sixteenths of an inch in diameter at its base and one foot long, one inch below and slightly to the inner side of the anterior superior iliac spine, carrying the needle through the tissues, so that the point will emerge on a level with and about three inches from the point of entrance; pass a second needle an inch below the level of the crotch internally to the saphenous opening through the adductors, so that the point will come out about one inch below the tuber ischii; cover the needle points with corks; pass a long piece of half inch black—i. e., pure—rubber tubing, on the stretch, tightly five or six times around the thigh above the fixation needles, and tie or clamp it; remove the Esmarch bandage; six inches below the tourniquet make a circular skin incision down to the deep fascia; this is joined by a longitudinal incision, commencing at the tubing and passing over the trochanter major; reflect the cellulo-cutaneous cuff to the level of the trochanter minor; by a circular sweep of the knife divide all the muscles at the same level; remove the soft tissues from the bone for about four inches downward so as to reach the vessels; do not saw off the bone, but keep the entire limb for use as a lever in dislodging the head of the bone. Secure all visible vessels; loosen the rubber tourniquet and tie all bleeding points; divide all the muscular attachments of the upper portion of the femur, always keeping close to the bone; expose the capsular ligament and divide it in its circumference. Forcible elevation, abduction, and adduction of the thigh permit the entrance of air into the socket and at the same time rupture the ligamentum teres, and the disarticulation is thus easily and rapidly effected. Secure any vessels cut by the last incision, and coaptate the flaps vertically. To obviate the danger of infection from urine and feces especially, place the drain well externally and seal the inner end of the wound with gauze or cotton and iodoform collodion.

Patient was operated on at the clinic November 7, 1896, in the presence of the class, Drs. Talley, Hogan, Jones, Johnston assisting. There were three fistulas that opened above and below the elevicle. These were curetted and packed with gauze. The operation was done by the technique of Dr. Keen, using the large hysterectomy needles. The patient was out of bed in few days, but the wound did not heal for several weeks. He is now well and at school.*

**Bloodless Amputation at Shoulder Joint.*—See that the shoulder projects slightly beyond the edge of the table; place the arm at right angle with the body; introduce one long steel pin, a twelve inch mattress needle will do, through the pectoralis major tendon, i. e., the anterior axillary fold, entering it somewhat to the thoracic side of the middle of the fold; bring the point out one inch internal to the tip of the acromion process, and guard it with a sterilized cork. Pass a second pin through the tendon of the latissimus dorsi muscle, i. e., the posterior axillary fold, a little internal to the middle of this fold, causing the point to emerge posteriorly one inch internal to the tip of the acromion process; guard the point with a sterilized cork; tightly wind around the axilla and shoulder, internal to the pins, a piece of black rubber tubing one-half inch in diameter; according to the muscular development of the patient; two or three turns may be made; disarticulate by any of the subjoined methods; secure the main vessels and any small ones visible; remove the tubing and pins; secure temporarily all bleeding points with forceps and tie them off; complete as directed for each special method.

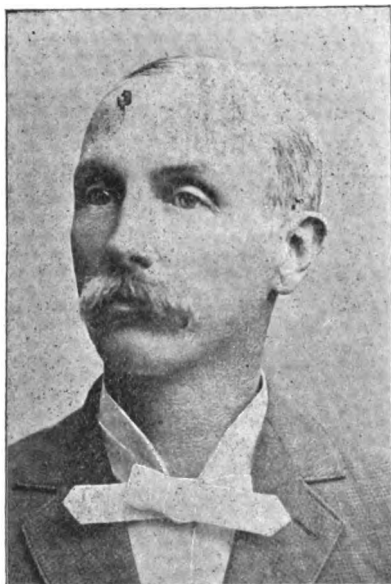
Caution.—It is essential that both pins emerge one inch internal to the tip of the acromion; otherwise, when the humerus is disarticulated, the tubing tends to slip down, thus drawing the flaps together, when the vessels may retract, severe hemorrhage then occurring, necessitating ligation of the subclavian artery or removal of the tube to secure the vessels in the wound, this latter only being possible of execution after severe loss of blood.

NOTES OF CLINICAL LECTURE

BY PROF. H. A. MOODY, M. D.,

Medical College of Alabama, Mobile.

THE case before you presents some unusual features. You can see that she is a tall, slender young woman, rather thin and pale. She gives her age as 17 years. You observe that her pelvis is narrow, like that



of a girl before puberty, and her mammals are but slightly developed. She has never had a normal menstruation *until a week ago*, yet for three years she has had an issue of blood every month from different organs. In other words, she has had vicarious menstruation. Now vicarious menstruation is not a rare occurrence. Every physician is likely to see such periodical hemorrhages from the nose,

gums or breasts. This girl, however, shows the discharge from the eyes and ears. Her pillow this morning was very wet with a watery mixture, looking like blood and mucus. Her cheek was stained with the discharge from the eye, and her neck with that from the ear. This hemorrhage is not now limited by a monthly periodicity, but comes every week or two, but is most profuse at expected periods of about a month. You see

there is a very slight irritation of the conjunctival membrane. There is no pain connected with the discharge. During the last few months there has also been an oozing of bloody serum from the nipples at the expected menstrual period. The case is interesting on account of its unusual character. The peculiar phenomena are important only because of the alarm they inspire in the minds of the sufferers and their friends. Generally the condition disappears soon after normal menstruation is established, though it sometimes lingers or returns annoyingly.

You will be asked by such patients to do something for them, and it is your duty to try. If amenorrhœa is present, seek its cause. In this, as in most other pathological conditions, to know the cause is victory. If the patient is anæmic, a brief course, say of one week, of 1-50 gr. bichloride of mercury three times a day, followed by some good iron tonic, will be useful. The bowels should receive attention, for they are generally constipated in such cases; the diet should be generous, and exercise in the open air should be regularly taken. In this instance the regular return of the catamenia will be promoted at the time for its return by a hot hip bath at 100° for five minutes upon going to bed, and at the same time an aloetic purgative will be administered. In the intervals she will have iron tonics until one week before the time for the period, when the tonic will be suspended and she will take 30 drops fl. ext. polygonum and 5 drops of apiol 3 times a day, until the time for the period is passed. Then the tonic will be resumed. She will have a generous diet

and active exercise, and I expect rapid improvement in her symptoms and general condition.

In a case of vicarious menstruation of such long standing we must not expect it to disappear entirely as soon as normal menstruation is established. The relief will be gradual. It may even be necessary, if it continues for several months, to try remedial medication. In such a case I should try fl. ext. viburnum prunifolium and fl. ext. hammamelis, of each 30 drops 4 times a day, in place of the iron tonic. I believe, however, that as time develops the sexual apparatus it will gradually assume this function completely, and this trouble will disappear.

RADICAL TREATMENT OF INTERNAL HÆMORRHOIDS AND FISTULA IN ANO.

By JNO. E. DAVIS, M. D.

COLUMBUS, MISS.

THE first essential of success in the treatment of rectal disorders is a careful examination. To him who neglects this fundamental principle the successful treatment of rectal diseases will forever remain a sealed book.

Rectal tinkering is a wide-spread ailment among many practitioners of medicine. The most prominent exponent of this school is the man who "never cuts piles," but always uses a simple injection. There are only a few of this type left, and it is gratifying to know that they are gradually becoming extinct.

The injection method has been abundantly tried and has been found wanting.

Why is the injection method condemned? It is this. Any treatment, in order to be a good one, must yield a maximum of good results with a minimum of failures.



It must be safe as regards life, as regards suffering, and as regards sequelæ. Show me a man who says the injection method meets these requirements, and I will show you a man whose experience has been extremely limited. The injection method is unscientific because irrational; is unreliable because so often unsuccessful; is unsafe because of frequent sequelæ; is dangerous because you

cannot limit the inflammation produced. Some of its consequences often being sloughing of the part injected, ultimately stricture; or else the production of a septic focus, with the formation of venous thrombi, which become dislodged by defecation or some motion of the patient, are carried to the liver and form minute abscesses. Thus patients not infrequently have died of hepatic abscesses, septicæmia or pyæmia when their history, if knowingly understood, could have been directly traced to this simple subterfuge of quackery.

With these passing remarks, we leave the injection method and take up methods safer and more successful.

The method of excision devised by Whitehead is theoretically an ideal operation, and in the hands of many has yielded most excellent results. But it is slow, complicated and difficult to perform, and requires a bolder operator than the average practitioner. While the operation has these drawbacks, there is no doubt about it being a successful one when properly performed. And it should be the operation above all others selected for that class of cases where the hemorrhoidal area is unusually extensive, and involves the whole circumference of the anus. In these cases it is indeed an ideal operation.

This now brings us to the consideration of two methods that are old and time-tried in the radical treatment of internal hemorrhoids. They are the ligature and the clamp and cautery. These two methods alone have stood the test of time, and really constitute the only successful treatment of internal hemorrhoids, with the exception noted above in favor of Whitehead's operation.

Now let us make a comparison of these two methods. If we compare the ultimate results of the method of ligation with that by the clamp and cautery, neither has an advantage over the other, both yielding most excellent results. But we must make our comparison from the time of operation till the patient is well. In comparison to the clamp and cautery, the method by ligation is, in many cases, both slow and tedious, hence the ease and rapidity of the former method are not without their apparent advantage. If we compare the after-suffering of these two methods, we have a decided

advantage in favor of the clamp and cautery. Rarely, after an operation by the clamp and cautery, is it necessary to prescribe an opiate, and we all know how seldom it is after an operation by ligation that we are not compelled to administer such remedies. The fact that patients suffer so little in comparison to the method by ligation gives to the clamp and cautery a decided preference. Again, if we compare the time of confinement, the clamp and cautery still has the advantage. Seldom are patients, operated upon by the ligature, enabled to leave their room under two weeks, while with the clamp and cautery the majority leave in almost half the time.

The clamp and cautery has these points of advantage: Ease and rapidity with which the operation can be performed, comparative absence of pain after operation, and the lessened loss of time from business. These are all points which do not fail to commend themselves to the observing surgeon, and have won for the clamp and cautery a widespread and growing popularity in the treatment of internal hemorrhoids.

The use of the clamp and cautery does not and cannot give better final results than the ligature, but it gives just as good. Both methods are simple, the final results of both the same, and the ligature has only this point of advantage: it requires no special instrument for its performance.

In operating with the clamp and cautery, after cleaning out the rectum and paralyzing the sphincter muscle, grasp the pile tumor with forceps and bring it well down, then, with scissors, incise the mucous membrane around the lower border of the tumor. Apply the

clamp, excise the tumor to within about a quarter of an inch of the clamp, and then cauterize. Slightly loosen the clamp, and if there is any bleeding cauterize again. Always leave a margin of mucous membrane between the pile tumors cauterized. Of course judgment must be exercised in the use of the clamp, so as not to make the number of applications too numerous.

An extensive experience in the treatment of internal hemorrhoids has led me to adopt the clamp and cautery method, to the exclusion of all others. I have never seen a single bad result follow its use, but on the contrary, its judicious use has in every case yielded most gratifying results—perfect and permanent cures.

(To be Continued.)

UTERINE PROLAPSE.

BY GEO. S. BROWN, M. D.,

BIRMINGHAM, ALA.

PROLAPSE of the uterus (falling of the womb) is usually described as occurring in three degrees, viz: 1st degree, when the cervix touches the pelvic floor; 2nd, when it reaches the introitus, and, 3rd, when a part or the whole of the organ protrudes externally. The class of patients, as a rule, who suffer from prolapsus are the laboring classes. The negroes of the South, and the peasant women of Europe. Of these, the vast majority are women who have had many children. A few old maids and childless married women have prolapsus, but they are of the laboring classes. Again, a certain number suffer who cannot be said to belong to the laboring classes—these will most often be women who have numerous children.

I think a brief review of the anatomy of the female pelvic and abdominal region will show good and sufficient reasons for prolapse in these cases. The abdominal and pelvic cavities may be described as one. It is essentially a muscular enclosure. The stronger parts of its walls are the spinal column and the pelvic bones and ligaments. The next stronger parts are the lumbar muscles. Its superior wall is the diaphragm, its anterior and lateral walls are made up of the recti and the oblique and transverse muscles. Its inferior wall is the levator ani and the lesser associate muscle and ligaments, which make up what has been called the pelvic diaphragm. In young women, when all the organs, muscles and tissues are normal, the weak points of this muscular enclosure are the femoral ring, the umbilicus, and the inguinal rings, naming them in their probable order of importance. After repeated pregnancies, however, this order is changed, and stepping forward, as of first importance, is this pelvic diaphragm. The thinned out and separated recti muscles have also caused the umbilicus to take rank over the femoral rings as a weak point, but with this we have at present nothing to do. When a normal woman breathes, her diaphragm descends and encroaches on the space within this abdomino pelvic enclosure. The liver, stomach, spleen, kidneys, bowel, pancreas, and omentum descend; room is made for them in part by a bellying out of the anterior and lateral abdominal muscles, and the compensation is completed by a movement downward of the contents of the pelvis and the pelvic diaphragm—the levator and muscle. In health, breathing exercises

these parts gently. A cough, sneeze or laugh causes a sudden expansion of these yielding parts, but at the same time it is met by a protecting stiffening of them all, a strengthening, in other words, to withstand the strain. A lift causes a still greater strain on the weak places. This is accompanied by a stiffening of all the muscles of the chest, abdomen, and pelvic floor. The pressure in the abdominal cavity is equal in all directions, and those parts least protected by bone, fascia, ligaments or muscle are in the greatest danger of rupture.

Each pregnancy a woman suffers causes a thinning out of the abdominal muscles, and each delivery causes a like stretching, thinning out and loss of strength in the levator ani and its fascias. This condition is so often accompanied by a laceration of the perineum that the idea is very general that this relaxation of the pelvic floor is due to that alone. If, however, one will take the trouble to examine the posterior limit of the vulva, of the primipara, during a labor pain, he will readily feel this tense levator ani muscle (this pelvic diaphragm) an inch to an inch and a half above the edge of the perineum. They are not one and the same, and it is the thinning out, paralyzing, and subsequent atrophy of this levator muscle that deprives the pelvic cavity of its natural support, and not a tear of the perineum. It is continually said that the causes of prolapsus are, first, the torn perineum removing the support from below, and, secondly, a general relaxation of the peritoneal folds acting as ligaments of support to the uterus above, and that the uterus comes down by

its own weight. The best authorities now agree, I think, that the sole cause is this relaxation of the levator ani muscle. Given this condition of relaxation, constant heavy work and lifting, coughing, sneezing, or even breathing, tends gradually to cause a true hernia of the uterus through the remains of this pelvic diaphragm. (The uterus is forced down by these various strains because the bottom is out). The so-called uterine ligaments, I believe, offer little or no support. The peritoneum in all its parts is a very accommodating organ. When a man stoops over and, attempting to lift a heavy weight, forces a part of the small bowel through the inguinal ring down into the scrotum, the mesenteric attachment offers little or no resistance. From a knife cut a man may have his bowels gush out and hang down to his knees, and yet show no tear of the mesentery. Similarly, a woman by a sudden lift, cough, or attack of vomiting, may force her uterus out and down between her thighs perhaps six inches from its proper place, and we have yet to hear of a tear or other injury to the broad ligaments.

Under the influence of an anesthetic the normal uterus can be pulled down with a tenaculum until the cervix emerges at the vulva. The peritoneal folds offer no resistance, and the levator ani is asleep. The only resistance is probably in the vaginal and bladder and rectal approximations. After this condition of prolapsus has existed for a while the vaginal walls become relaxed, dilated, and hypertrophied. The bladder and rectum take part in the prolapse for the very same reason that the uterus comes down in the first place. The

whole thing may be accurately described as a cave in or a cave out, according to the point of view. The diagnosis is easy. An elongation of the cervix with a prolapse of the vaginal wall is said at times to stimulate a true prolapse of the uterus. I have not seen such a case. The prognosis is uncertain at best. In recent cases, as with other ruptures, of course it is most favorable. If the uterus is suddenly forced down as by a lift or other sudden cause, in a multiparous woman, it may be replaced and not recur. In those cases, however, that have come on gradually from child bearing, or have been present for a long time, the muscular pelvic diaphragm is more or less atrophied and has no useful amount of contractility left. It does not differ essentially in this respect from an inguinal rupture. The condition can be relieved, but it will almost certainly recur if the woman should have another child. The treatment is palliative and radical. I think probably the best palliative treatment was that said to have been used at one time by Southern negroes. They swing the patient up in a hammock for several weeks with her feet higher than her head and her vagina filled with a decoction of oak bark. I have never tried this, but I think it must have been better than pessaries. I saw a pessary last winter, however, which had cured a prolapsed uterus. It was removed from an old lady of sixty. It was a cup with a curved shank affair. The cup end containing the cervix was in the obliterated upper part of the vagina, the stem end was in the bladder. It had been in place twenty-five years. I do not think a pessary can support the superincumbent weight

of the abdominal viscera, which it must do to do any good for prolapse, without exerting harmful pressure on the mucous membrane of the vagina. As a rule, it never gets in a position to support anything, and merely lolls around in the vagina and increases the size of that organ laterally. Probably the best, or rather least harmful, intra vaginal support is a wool tampon smeared with vaseline. It also will dilate the vagina in time, and make the condition worse, especially if it is combined with hot water douches for leucorrhœa.

The operative treatment is the only one that offers any hope of relief. If the woman is past the child-bearing age many cases can be entirely relieved, but if another child comes the condition is apt to recur. In the vast majority of cases it is the repeated passage of a child that so hopelessly relaxes and causes atrophy of the levator muscle. This relaxed diaphragm cannot be restored. The operative relief must come from narrowing the vaginal outlet, and from suspending the uterus from above.

I shall not occupy time in recounting the various methods which have been recommended for narrowing the vaginal outlet, and for restoring the torn perineum. Doubtless some are applicable in some cases, but not in others. In some cases a Tait operation restoring the perineum will do all that can be done. In others, it will be found necessary to perform some one of the operations for removing the redundant anterior, or posterior, or both walls of the vagina, which are commonly spoken of as vesicocoele and rectocoele. Such as Emmett's or Hegar's on the posterior wall, and Stoltz's on the anterior wall. The object of them all is the same, and that is to stop up or give support to this opening that has been made through the fibres of the levator ani muscle. Narrowing the vaginal outlet alone, however, will not afford any very great amount, or at

any rate any long continued support. The subsequent and supplementing step should be to attach the fundus of the uterus firmly to the anterior abdominal wall. If these two operations are done on a woman who has passed the child-bearing age, the chances are very much in favor of a cure. In such case the vagina can be narrowed with greater liberty. The sutures attaching the fundus to the front of the belly should be of strong silk, and the uterus being strongly anteverted, they can be passed through the posterior part of the fundus, thereby causing the uterus to lie horizontally in the median line of the pelvis.

If there is, on the other hand, a probability that the woman will again bear a child, the vagina cannot be made too narrow without risk of domestic complaint, and the fundus should be suspended only by its anterior wall, the stitches being introduced as low as possible. It is reasonable to suppose, and there has been some evidence to bear this out, that in case of pregnancy, if the uterus is firmly united to the abdominal wall, it can only enlarge in that part above the site of the sutures, so that as much of the uterus as possible should be left above the sutures for fear that the thickening of that anterior part of the uterus below the sutures might act as a foreign body and obstruct the pelvis at term. In such a case, therefore, even if there is not a subsequent pregnancy, the prolapse may recur, especially if there is a long conical cervix to wedge its way out again. If there is a subsequent pregnancy it will be very apt to recur.

I have recently operated on three cases of prolapse. In the first the cervix was between the lips of the vulva. The woman had five children, and had been more or less of an invalid for six years. A very large roomy pelvis and extreme relaxation of the vagina, especially the posterior wall. I operated first by Emmet's method on

the posterior wall, and a week later attached the fundus uteri by its anterior surface to the anterior abdominal wall. Had not the probability of her again becoming pregnant existed, I should have strongly anteverted the organ and put my stitches through the posterior fundus. I may say in passing that she had an umbilical hernia, so that I made the incision somewhat higher than would otherwise have been necessary. In other words, I operated as though for the hernia alone, but extended the incision below far enough to reach the uterus. This was six months ago. In that time she says she has felt stronger than she has for eight years. She walks with comparative ease now, and does not feel like her bottom was dropping out, as so many of the subjects of prolapse express it. On recently examining her I found the cervix still high up in the pelvis, and pale and small, in great contrast to its swollen and congested appearance before the operation. To report the case entire, I am somewhat afraid that I will soon have a larger hernia to deal with than before. I hope I am mistaken about it, but I thought I could detect a separation of the tissues beneath the scar, and the patient herself says it feels something like the old hernia. This woman had taken morphia off and on for several years, and for a year before the operation she had taken it constantly. I do not think she has taken any at all since.

My second case was that of a very delicate, nervous woman, who does not remember ever having been strong and well. As a girl she gave out easily, and from about the age of 12 suffered from irritable bladder after exertion. She had been married seven years and had a child five years old, her only pregnancy. Since his birth she has been a complete invalid. Every alternate two or three days in bed, a trip shopping or to church, and then two days in bed, owing to a general bearing

down feeling, and irritable bladder and general weakness. I found a prolapsed anteflexed uterus in an extreme degree, that is, the fundus was just within the vulva under the pubic arch. She had already had all sorts of rest treatment, and had been treated for fibroids and hemorrhages by Kelly. I examined the inside of the bladder with the speculum, and found no trace of anything to cause the symptoms. At her urgent request for me to do something, and finding nothing wrong except this prolapse, I operated and stitched the anterior surface of the fundus to the abdominal wall. I have been unable to hear of another case in which abdominal fixation has been done for an anteflexion. The operation was done in October last, and the improvement in her general health is pronounced. The bladder still gives her some trouble at the menstrual periods, but on the whole is much better. She has a good deal of leucorrhœa, for which she is at present being treated.

The last case was one of complete prolapse. The uterus had been hanging between the thighs for a year, except at night. The operation in this case was similar to the first case reported, except that there was no hernia. The Emmet operation on the posterior wall was quite extensive, owing to the very redundant rectocele. It was a question whether or not to amputate the cervix and perform Stoltz's purse string operation on the vesicocele, but these were not done. The patient went home on a cot on the train at the end of ten days. Two months later I heard that she was well in every respect, the cervix being high in the vagina, small and uncongested. This was a large fat woman, and her scar is about three inches long, but perfectly sound. These three cases recovered from the operation without pain or fever, and the wounds all healed primarily. They are all three women who live near by, and I think I will be able to keep up with their future courses.

"NOS ETIAM SPERAVIMUS MELIORA."

BY DR. JNO. L. STOCKDALE,

TALLADEGA, ALA.

An Address Delivered at a Banquet Given by the Talladega County Medical Society, at the Southern Hotel, in Talladega, April 6, 1897.

Gentlemen.—It was a happy inspiration that influenced to committee, to whom was referred the selection of a motto to be used by the Medical Association of the State of Alabama in all their official acts, "*Nos etiam speravimus meliora.*" I say inspiration, and I say it advisedly, for is not hope the very essence and foundation of all inspiration? They hoped for better things, and looking around us do we not see daily evidence of that hope being fulfilled? Let us compare the status of medicine in this country fifty or forty or even thirty years ago with what it is now. Then the principal aim and object of the physician was the cure of disease. Diagnosis, pathology and therapeutics were the main branches taught, studied and practiced by the ante-bellum doctors, whose practice, knowledge and experience was then confined to a very small and circumscribed neighborhood—say with a radius of from 10 to 20 miles from his office—within the limits of which territory he was an autocrat in all things medical, and brooked no interference with what he conceived to be his rights and duties, seldom meeting with a brother practitioner for the exchange of opinions or for consultations in any particular case. Preventive medicine, and state medicine were then almost wholly unknown. Vaccination against smallpox, and the administration

of belladonna to prevent scarlet fever was the limit of preventive medicine.

In those days we had no medical societies in our counties nor a medical association in the State. 'Tis true that where as many as three doctors in any county petitioned the commissioners court they could get themselves appointed into a county medical board, but what their duties were I have never learned, beyond granting certificates to practice medicine, which any member of the board was empowered to do, and was about as competent to do as the commissioners court was to appoint the board. But this manner of making doctors soon fell into disuse, either from opposition of the laity or from disgust of the doctors themselves.

I will say that our people and our State have been misrepresented and slandered by the press of Northern States, especially by the State of Massachusetts, and particularly by the newspapers of Boston, the hub of the universe, though perhaps in ignorance, is this: that the charge has been made that Alabama was the most illiterate State in the Union, and this statement is to be based upon no less authority than the last National census returns. Well, there are two races living side by side here in Alabama; living separate, yet in perfect harmony with each other—like oil and water—till some "Smart Aleck" comes along and throws in some lie (you may spell it either with an "i" or a "y", I don't care which), then we have a commotion. Thus far has the race problem been solved. Those two races, in numbers about equally divided, were both included in the

last census, but when we speak of the people of Alabama we mean the white race, then this statement falls to the ground—we all know it is false. For if Dr. Flower, the great Boston physician, should wish to extend his practice so far as Alabama, coming South in his Pullman palace car, he would be stopped at the first town after he crossed the border, and told that it was unlawful to practice medicine in this State without going before an examining board, being examined, and if found qualified, securing a license authorizing him to practice medicine. So much for State rights in a democratic government.

I have always thought that the people of Alabama, and especially of Talladega county, stood a little above the average in learning and intelligence; at least that was the commonly received opinion. Take her school teachers and college professors; her preachers, ministers and clergymen; her lawyers, statesmen and politicians; her dentists, druggists and physicians; her planters and merchants, with her hosts of learned and intelligent men in other vocations of life. I feel proud of Talladega county when I recall the list, and in the language of the Boston school boy,

“May not Alabama boast as great,
As any other sister State,
And where’s the town, go far or near,
That does not find a rival here?”

I hope you will pardon me for bragging a little. The year that has just past, in the opinion of many persons, has not been a successful one, especially financially con-

sidered, but looking backward from a physician's standpoint, everything seems bright, encouraging and cheerful. Medical science has advanced more in that space of time than was ever known before. Physicians have not been directing their attention so much alone to the cure of disease, as its prevention. State medicine now calls for a large share of the physician's time and study, and may we not confidently hope and expect that in the near future diphtheria, pneumonia and consumption will be as completely shorn of their terrors as was smallpox by vaccination?

In pharmacy, which we must still consider as a branch, not separated from the practice of medicine, the advance has been as pleasing as it has been successful. We no longer present to our patients crude drugs and vile decoctions of the past, but instead the elegant and palatable preparations of the pharmacist and the druggist. And I have sometimes thought that our patients stay sick after they get well for the pleasure of taking the medicine.

Now, gentlemen, I don't know a better toast that I could present to you than "*Nos etiam speravimus meliora*," unless it would be, "To the memory of that great and good man, that Nestor of medical science in Alabama, that founder and father of the Medical Association of the State—the late Jerome Cochran, of Mobile."

Selected Articles.

SUPPLIED BLOOD "IN EXTREMIS"—A KILLER OF SEPTICÆMIA AND OF SYPHILITIC VIRUS.

BY DR. W. H. PARSONS.

OMAHA, NEB.

Case I. Miss B, age 16, of Lincoln, Neb., was admitted to hospital in Kansas City, Mo., June 9, 1891. Laparotomy for ovarian cyst was performed on June 12. She was anæmic in the extreme when admitted, and generally in bad condition for an operation, but the case demanded immediate relief, and the operation was deemed particularly successful; but the low vitality and extreme nervous irritability of the patient gave no promise of a favorable outcome.

Shortly after the operation the stomach became so irritable that all nourishment and even cold water were rejected. The temperature and other grave symptoms indicated sepsis. On June 18, the date of my first visit to the hospital, the patient's life was despaired of, and the last rites of the church were being administered at the time of my arrival. Dr. G., the surgeon in charge, kindly gave me a history of the case. Rectal feeding had already been tried with unsatisfactory results, beef tea and milk having been used. At my earnest request I was permitted to test the value of the blood treatment, the doctor saying at the time that the patient would not live forty-eight hours. Bovinine, one ounce, sterilized water, one ounce, pencreatine, five grains, raised to a temperature of 100 degrees F., were employed, and forced high up into the rectum. This was retained, and the same dose was repeated after an interval of two hours. After eight hours the distress and painful retching subsided, and if food was not alluded

to the stomach remained tranquil. For twelve days the only nourishment administered was bovine every three hours day and night, and by this process of nutrition alone the vitality of the patient was restored, so that at the end of that period she sat up in bed, and for the first time since the operation expressed a wish for food. On July 3 this moribund girl was pronounced convalescent.

Case II. In St. Louis, a lady had pricked her thumb with some poisonous product, and blood poisoning in its most virulent form supervened, and in spite of the best efforts of several leading surgeons, the case came to a point where amputation at the shoulder seemed the only alternative. The hand and arm were swollen to their fullest capacity, and honey-combed with scores of sloughing ulcers. Upon my advice the hand and arm were dressed six times each day, after having been thoroughly cleansed, with pure bovine; the ulcers being packed with soft lint saturated with the same, and the entire arm and hand dressed with it. In thirty hours a change was manifest, and in sixty hours healthy granulations began to appear, diseased tissue to slough out, and in twelve days her hand and arm were as good as new.

Case III. A man in St. Joseph, Mo., wounded himself in the hand while dressing dead hogs at the yards. Blood poisoning set in in earnest. In six days all dressings, etc., had failed, and amputation was suggested. I was in the attending surgeon's office when he related the case to me. I suggested wrapping the arm and hand in bovine blood, changing every four hours. In twelve hours the change was so marked that the doctor sent for me to see the case. In four days he was well. The doctor thanked me, as did the man, who was about to lose his arm and probably his life.

Case IV. "A man in St. Joseph's Hospital, Oneota, had his arm smashed in a railroad accident; the fractures were compound and badly comminuted, and in a few days an erysipelatous condition set up, which threatened his life. I was in the hospital, and the attending surgeon, an old friend of mine, Dr. E. W. Lee, chief surgeon of the B. & M. Railroad, called me to view the case. It was truly desperate. I advised taking off all dressings, put the arm on a pillow, cleanse it thoroughly with hot bichloride, and wrap the entire arm in pure bovine. After some hesitation it was done, and in four days the condition had so far changed as to allow the arm to be put back into the dressings. Another life saved, and another victory for Blood."

Case V. Soft chancroid involving the glans and prepuce. The soft ulcer had been doing its work for four weeks; appeared almost malignant; various dressings had failed, such as iodoform, etc., etc. This ulcer was packed in pure bovine and soft lint, changed every two hours the first three days, then every four hours. In thirty-six hours the diseased tissue sloughed out, healthy granulations set up, and in ten days he was well. This, in brief, is my experience along new lines (that is, new to me).

814 N. 23d St., Omaha, Neb., Nov. 22, 1895.

CASE OF TUBERCULOSIS CURED BY CANCRUM ORIS.

BY HUNTER MCGUIRE, M. D., LL. D.

Professor of Clinical Surgery, University College of Medicine, Richmond, Va.

Miss P., of Abingdon, Va., was brought to my private hospital November 9, 1895. She had a hacking cough, enlargement of the glands of the neck, and con-

solidation of the apex of one lung. I diagnosed phthisis pulmonalis, prescribed constitutional remedies, and advised her being taken to some more suitable climate for the winter.

Before she could make arrangements to leave the hospital she had a severe chill, followed by high fever and a very sore throat. In a few days she developed a typical case of noma, or cancrum oris. The disease attacked the left cheek, and when the slough separated an opening was left as large as a silver dollar, exposing the teeth and rendering feeding difficult. There was high fever, typhoidal delirium and great prostration.

The wound was cauterized and disinfected, and heroic measures used to feed and stimulate the patient, but the symptoms grew worse, and little hope of recovery was given to the relatives.

Finally, as a last resort, I began the use of Protonuclein, giving the tablets internally and dusting the powder on the wound. An immediate improvement followed, and after a long and trying convalescence the patient was able to return home.

A year later she returned to the hospital to have a plastic operation done to lessen the deformity of the scar, and when she first entered my office I scarcely recognized the healthy, vigorous woman as my former tuberculous patient. The enlarged cervical glands had disappeared, her lungs were clear, her cough was gone. She had been cured of tuberculosis by the attack of cancrum oris. I have no explanation to offer for the result, but trust the clinical fact may prove of interest to the pathologist.

PEPTO-MANGAN (GUDE'S).

In a paper by L. A. Felder, M. D., of Atlanta, Ga., and published in the *Atlanta Medical Journal*, March, No., 1897, on the treatment of anemia, he says:

"In two cases of anemia that I have recently treated and will report, the skin in both cases had to have special attention. In one case there was development of boils on different parts of the body, confined largely to axilla and back of neck. The boils were clearly due to anemic conditions and poor capillary blood supply to parts. Not enough manganese existed in the skin and hair follicles forced there by a good healthy circulation of rich blood to keep the skin in healthy condition; hence the formation of boils. In the second case there were liver-colored blotches on back of hands, with still feebler capillary circulation, and this was the more marked case of anemia. At first in both these cases I had to combat conditions such as loss of appetite, and inability of both patients to assimilate proper amount of nourishment. After dieting patients on proper nutritious foods, and usual course of stomach tonics with some improvements in general health, the diseased condition of the skin, in both cases, still existed. For relief of this condition I prescribed manganese with iron and peptones as prepared by Gude, dessertspoonful after each meal in a wineglass of milk, with results in both cases most gratifying. Iron manganese with peptones in this preparation I have found in all cases of anemia and anemic conditions where iron and manganese are indicated, a most excellent preparation. And in no formulæ have I ever prescribed two drugs that are more readily assimilated and taken up into the system than in this preparation.

"Mr. B, age 45; spare build; leads a sedentary life; previous health record up to last fall fairly good. November, 1896, had severe case of la grippe, complicated with acute bronchitis; slow recovery; loss of appetite; food poorly digested; passed particles of undigested food for three weeks prior to seeing me; had been tak-

ing tonics and cod liver oil. Some improvement in general health. Digestion still bad; bowels irregular. Close examination, patient extremely weak and anemic; quick weak pulse, 90; flabby tongue; liver-colored splotches on back of hand; skin white and prominent blue veins; conjunctiva white, and capillary circulation poor; every evidence of marked anemia. I at once commenced patient on dessertspoonful of Gude's peptomanganese in wineglass of sweet milk after each meal. Liver inactive, for relief of which I prescribed half hour before each meal small doses of phosphate of sodium to increase secretion of bile; proper nutritious diet with very little starchy foods; small amount of stimulants taken all during treatment; at end of three weeks good healthy circulation, disappearance of liver-colored splotches on back of hands and sound recovery.

"Mr. B., age 35; medium build; good health record up to six months ago; condition very similar to case above mentioned in every particular, except in liver-colored splotches on skin; formation of boils as result of feeble blood supply to skin. Treatment in this case same, and at end of second week splendid results and sound recovery."

THE TILDEN COMPANY, New Lebanon, N. Y., and St. Louis, Mo., have just issued a very handsome booklet, profusely illustrated, relating in a most entertaining vein the experience of a prominent physician with Tilden's Elixir Iodo Bromide of Calcium Comp., in the treatment of syphilis, etc., in India. The account contains valuable information regarding the habits, superstitions, etc., of the natives. Copies will be furnished upon application.



The "Trinity of Therapy."—In the December number of the *International Journal of Surgery*, Dr. Thomas Osmond Summers remarks that if there is anything that distinctively marks the medical era which closes with the nineteenth century, it is the profound revolution in therapy. The former system, which was adopted from the natural tendency of the human mind to rest in experimental, yes, even empiric theory, based itself upon the direct action of remedial agents in disease without any reference to the action of such a remedy under the normal conditions of the organism. This system, recognized as the pathological system in contradistinction to the physiological method, necessarily called for an infinity of therapeutic agents, each one of which acted, or was supposed to act, independently of the others, to bring about a restoration to normal function and even structure.

As, however, bacteriological science has demonstrated the most wonderful principle of direct physiological antagonism to disease as its germs float through the blood current, thus proving the possibility of the organism to destroy its own enemies, modern therapeutics has lined its forces to support this grandest of all principles of resistance to disease in general.

There is, first, says Dr. Summers, a condition of the organism which is entirely dependent upon the support or sustenance of organic elements and conditions. To

this are relegated entirely those remedial agents which are active in the support of such tissues as can receive nutriment only from a previously prepared substance. Second, there is a class of remedial agents that act by direct absorption, being distinctively elements of the organism as such, going in and passing out unchanged. This class represents the full power of inorganic therapy. They need no digestion; they require no physiological manipulation. They are arranged so as to be in perfect *rapport* with the functional activities of the organism and produce their effect *de novo*. Third, there are those agents which are distinctively absorbent in their character; they change the specific gravity of the blood and thus regulate its density or osmotic relation to nutrition and waste. How large a pathological field this covers will be readily discovered by the practical clinician.

Now, continues Dr. Summers, to meet these three great therapeutic principles, physiologists and chemists have, for the past decade, bent their best efforts. It has been found, first, that there is a principle of peculiar power in the bean, which thoroughly supports the nerve and osseous organisms, while at the same time it sustains and stimulates the general cellular activity of the body. In all tropical countries this has long been known and therapeutically applied, although to this day they do not recognize the wide range of therapeutic power which this substance controls. The whole philosophy of its action lies in its vegetable albumin, and Dr. Victor Vaughan most certainly struck the keynote of vegetable therapy in using for his nuclein the yeast product which is so closely assimilated to the organism. Second, there are certain inorganic constituents, such as the phosphates, which enter the organism directly, perform their nutritive function, and pass out un-

changed. Third, there are saline constituents of the organism, which resist the occurrence of excessive waste in the body. They regulate the amount of urea discharged or formed and control the balance of waste and repair.

All of these principles have been met fully by the modern method of pharmacal science. The first in extraction of phaselin; the second in the chemical combination of rheumagon, and the third in the strong phosphatic product, the triumph of modern chemistry, to which, for some reason unknown, the name melachol has been given; but without doubt these are, says the author, the trinity of therapy.

This trinity of therapy is distinctively represented by the normal therapeutic agents which cover the physiological division of the organism. First, the fibro-areolar tissue, which is the groundwork of the organism upon which all of its structures are built. Second, the nerve tissue, which controls the distribution of nutrition and regulates the balance of function in the organism. Third, the digestive principles, which furnish the material for structure and the stimulus for function.

They are necessary constituents or the proximate principles of the body, and without them it would starve, shrivel, decay and die. As an example of this, says Dr. Summers, it is necessary only to refer to chloride of sodium, the deprivation of which would produce as certain death as a rifle ball through the heart. It is, therefore, the province of therapy to provide proper and assimilable combinations of those inorganic materials.—*New York Medical Journal*.

Precautions Against the Possible Spread of the Bubonic Plague.—At the present writing France seems to be in

the lead regarding sanitary thoroughness, inasmuch as particular attention is given to the regulation of the Mecca pilgrimages and a consequent over-crowding of the various sailing vessels, together with all the conditions growing out of the excretory surroundings belonging to all improvised camping grounds. England, on the other hand, has been charged with too much indifference by reason of her valuable commercial interests in the Baltic region. In our own continent the State of New York appears to feel the national responsibility, since Health Officer Doty during the present month has received information from his appointed agent in Egypt that vessels arriving at the Suez Canal from India have been duly vised, that the precautions taken in Bombay are improving in adequacy, and that from the recent investigations in Bombay of Rogers Pacha, Inspector-General of the Sanitary Department of Egypt, it is to be inferred that there is no likelihood of the plague reaching Egypt.—*J. A. M. Ass'n.*

Constant Irrigation in Septic Puerperal Cases.—In the *Journal de Medicine Militaire*, p. 360, 1896, Gliakoff describes a method of treatment of puerperal cases by constant irrigation with solution of carbolic acid and permanganate of potash. A one per cent. solution of carbolic acid was first employed, and followed by a weak solution (rose colored) of permanganate of potash. The irrigating fluid was kept at 105° F., and allowed to flow for six hours. The results were excellent. Only one patient of the twenty-eight thus treated died, and she was not treated until three weeks after labor, and had pyemia. The analgesic effect of the irrigation was marked,—*Med. News*,



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"I had many things to write unto thee, but I am unwilling to write them to thee with ink and pen; but I hope shortly to see thee, and we shall speak face to face."—III John, 13-14 vs.

State Medical Association of Alabama.

The Medical Association of the State of Alabama was organized in the city of Selma in 1873, and when the association meets in Selma this year it will be most natural for those who attend to take a retrospective view, and note the work and progress of the association during the twenty-four years since its organization.

The purpose of the organization of the Medical Association in this State was to organize the physicians into

a county society, to elevate the standard of medical ethics, to secure the enactment of such laws as to protect the people against unscrupulous and incompetent quacks, to secure a monthly report of vital and mortuary statistics, and to prevent the spread of contagious and infectious diseases.

Many obstacles have arisen in the efforts to accomplish these results, and while the work is still incomplete, yet great progress has been made along the lines mentioned, and Alabama can boast to-day of the most complete medical organization in the United States. A county society has been organized in every county in the State, and the State association has a membership of about 1,100 members. Boards of medical examiners have been established in all the counties, and there are fewer illegal practitioners now in Alabama than any other State in the Union. State and county boards of medical examiners have been established, appropriations secured to employ State officers and to enforce the laws which have been enacted to prevent, by quarantine and otherwise, the spread of diseases. A law has been enacted to enforce the gathering of vital and mortuary statistics, and while we cannot claim that complete success has marked the efforts in this work, still great progress has been made, and it is yet hoped the day is not far distant when it can be claimed that every death and birth in Alabama is correctly reported.

Since the conception of the State Association it was the object of the unceasing care of one man who will be more missed than would any dozen men at the Selma association. All who have any knowledge of the work



R. S. HILL, M.D., MONTGOMERY, ALA.

**Orator for the Medical Association of the State of Alabama,
Selma, 1897.**

of the association know that we have reference to Dr. Jerome Cochran, the father of the association, the chairman of the board of censors, the chairman of the committee of public health, and the State health officer of Alabama, who died in the city of Montgomery August 17, 1896. Certainly no other organization ever had such a friend as was Jerome Cochran to this association. From its organization he gave his life in its interest. He was untiring in his zeal, and gave his personal attention to every interest of the association, and his place will indeed be hard to fill. At the Selma meeting we will not only miss the saddened brow, the firm mouth and the dark grey eyes of this great man, but we will miss his counsel, his instructive talks and his power in debate. But he is gone, and has left as a legacy the best organized medical association in the United States, and the work which he commenced must be carried on by others.

We feel that this is an important era in the history of the association, but with the large number of able and zealous men in its organization we feel confident that the work commenced will be carried on to perfection.

Dr. R. S. Hill.

Dr. Robert Sommerville Hill, orator for the Medical Association of the State of Alabama (Selma, 1897), was born in Montgomery on February 9, A. D. 1870. His father, Rev. L. L. Hill, was a North Carolinian, and his mother, Laura C. Hill, was a native of Greensboro, Ala. The father was a distinguished classical scholar,

and an eloquent preacher. He determined to educate his son and to trust no other with his teaching. This he did, and the consequence is that the doctor is a remarkably well educated man, speaking beautifully and thinking classically. Prof. Thomas assisted the father in this work of love, and to him some of the credit is due.

Robert felt an earnest desire to become a physician. In this wish he was gratified, and in 1886 entered the office of his brother, Dr. L. L. Hill, of Montgomery. After reading diligently in this office for three years, he entered the University of Virginia in 1889. Unfortunately he was attacked with typhoid fever, and had to temporarily stop his medical studies; but in a year after we find him in the University of New York, where he graduated in 1891. Upon his return home, he was taken in partnership by Dr. L. L. Hill, and very soon demonstrated, what is now admitted by all, that his surgical skill was beyond doubt. He is a first-class gynecologist, as his well earned reputation in the hospital for success in manipulation and in the recovery of his patients fully attest. In 1892 he was elected County Physician, which position he held for two years. In 1893 he was appointed surgeon of the Second Regiment Alabama State Troops. In 1895 he was elected President of the Medical and Surgical Society of Montgomery County, and in 1896 was selected to deliver the welcome address for the Medical Association of the State of Alabama, and for the first time in the history of that Association, he was elected orator without a dissenting voice—the youngest orator the Association ever had. Dr. Hill is visiting surgeon to the Mont-

gomery Hospital, and devotes most of his time to the treatment of the diseases of women.

A man of strong convictions, a hard student, devoted entirely to his profession, an earnest friend, whose truthfulness is beyond cavil, courageous but affable, of pleasing address, but reserved somewhat in manner. He is the orator of the Medical Association of the State of Alabama, which holds its next meeting in Selma, on Tuesday, April 20, 1897.

Dr. J. M. Gilbert.

Dr. J. M. Gilbert, of Vernon, Miss., President of the Mississippi State Medical Association, 1896-97, (formerly of Alabama), was born in Rodgersville, Lauderdale county, Ala., July 9, 1845. Quit the Male High School at Moulton, Ala., before seventeen years old to join the Confederate service, and remained therein until the close of the war.

Began reading medicine under the directions of Dr. C. A. Crow, of Florence, Ala., in the year 1866. Attended lectures in Louisville, Ky., in 1868, and at the Bellevue Hospital Medical College, New York, session of 1869-70, receiving from that college the degree of M. D. in March, 1870. Began at once the practice of medicine in Tuscumbia, Ala. Continued the practice at that place three years, and in Mt. Hope, Ala., for four years, moving to present location (Vernon, Miss.) in December, 1877. While in Alabama held the office of secretary of the North Alabama Medical Society through three successive terms, and president of said organiza-

tion one term. Attended polyclinic course in New Orleans in spring of 1893. Elected second vice-president Mississippi State Medical Association in 1894, and president of that body in 1896.

ON the 6th instant we had the pleasure of attending a meeting of the Talladega County Medical Society. The meeting was well attended by the physicians of the city of Talladega and the county. Two interesting papers were read and discussed—one paper by Dr. W. G. Harrison, on the Treatment of Pneumonia, and one by Dr. W. R. Bishop, on the Treatment of Fractures. A delightful banquet was given at the Southern Hotel at night, under the auspices of the society. The banquet was highly enjoyed by all present, and especially so by the editor of *THE AGE*. While in the city we were made to feel at home, and royally entertained at the hospitable home of Dr. B. W. Toole, President of the State Medical Association. The doctor also had as his guests Dr. W. H. Bell, of Oxford; Dr. Hill, of Sylacauga, President of the Talladega County Medical Society, and Dr. Jno. Dixon, of Fayetteville.

IF you think that man has all the brains in the world watch the ants. Watch their capacity for combination and organization, and you will agree with Darwin that the ant's brain is one of the most marvellous atoms of matter in the world.—*Ex.*

Editorial and Miscellaneous Notes.

WE call the especial attention of the readers of the AGE to the page announcement of the New York Post-Graduate Medical School and Hospital, is this issue of the AGE.

INGRAM LITHIA WATER is being dispensed at most of the drug stores in Birmingham, Mobile, Montgomery and Anniston. The orders received at the home office show that this water is being recommended by a large number of physicians—especially in Alabama.

SANMETTO IN BRIGHT'S DISEASE.—I have been using Sanmetto in my practice for two years or more, and am nearly always well pleased with its effects. Have had splendid success with it in Bright's disease, some times using it alone, and at other times in connection with digitalis.

H. GREEN, M. D.

Shell, Ala.

A PROMINENT physician of Meridian, Miss., told a negro the other day to bring him a sample of his urine for examination, and on returning to his office a few hours later found on the floor a small package securely wrapped. Having his curiosity somewhat aroused, he proceeded at once to open the mysterious little package, but thorough investigation was not necessary to satisfy him as to its contents. His dusky patient had left him a box of feces instead of a bottle of urine.

WE are pleased to announce to the readers of the AGE that, beginning with the June issue, we will publish twelve articles to be contributed by that distinguished physician, surgeon and writer, Dr. Claude H.

Mastin, of the city of Mobile. The subjects to be discussed, while not strictly medical, will be of special interest to every doctor. Dr. Mastin will discuss the student life in the long ago, from the days of office instruction, through the course of lectures at the University of Pennsylvania, with some reflections upon a student's life in Paris, London and Edinburg, showing what was done then as contrasted with the present methods, etc., etc.

HIGHLAND PARK SANATORIUM.—We call attention to the Highland Park Sanatorium, in the city of Montgomery, Ala. Dr. I. L. Watkins, the proprietor, has made this institution one of the best in the South, and is enjoying a large patronage. Physicians having patients whom they desire to send to a sanatorium will do well to consult Dr. Watkins. With new buildings, with kind and efficient nurses, and with all the facilities for the safety and comfort of the patients, the Highland Park Sanatorium is first class in every particular. See page ad.

THE Wickliffe, Ky., *Yeoman* prints the following note received by a Ballard county physician, in regard to the condition of one of his patients: "At home, Feb. 3, 1897. — Dr. —:—has been mending up till three days ago, and he has the colic so bad that he can't eat or drink anything it is heavey aiking in breast and stomach and side. I have gave him asefitety and camphor, pepper tea, turpentine, saults, he has it worse at night. He craves something to eat all the time, and he eat mity harty such as corn bread, meot, molasses, sweet milk, please send him something to ease him. He drunk nine cups of coffe a day."

It gives us pleasure to call the attention of our readers to the advertisement of the Winyah Sanitarium, under the charge of Dr. von Ruck, at Asheville, N. C. This institution needs no introduction on our part to the profession, there being few if any of its fold who are not acquainted with the excellent work of Dr. von Ruck and the high place he is accorded as an authority in the treatment of tuberculosis of the lungs. The very reasonable rates which are offered should be an additional inducement to place patients under the ideal conditions which this institution affords both in accommodation and professional care, and the advent of hot weather in the South is a particularly favorable time to send patients to Dr. von Ruck's Sanitarium, located in the most favorable mountain resort in the country.

A PHYSICIAN AND HIS PATIENT IMPOSED UPON BY A DRUGGIST'S SUBSTITUTION.—I gave Sanmetto to Mrs. H., aged twenty-eight, for frequent micturition and tenderness in region of kidneys. Patient was compelled to rise four or five times during the night, passing nearly a half gallon of urine during this time. After using a bottle of Sanmetto she was greatly relieved, but instead of getting more Sanmetto, as I directed, patient was induced by her druggist to get a preparation of palmetto; this had no appreciable effect whatever. Patient is now using Sanmetto and is not likely to be imposed upon again.

W. OCELLUS HARTSHORNE, M. D.

Cross, Okla. T.

THE treatment of anemia gives the practitioner of medicine much trouble. We have proscribed stomachics, iron in pill or liquid form, foods, etc., and still the results are unsatisfactory. Iron is indicated, no doubt,

but causes on the other hand gastric disturbances, constipation, etc. It is this latter affection that is apt to lead to disastrous results. Constipation in anemia ought to put the physician on his guard; it is absolutely dangerous, be it even for this reason, that this function being interfered with, auto-infection takes place, against which the already weakened blood cannot resist. Digestive disturbances prevent the patient from taking proper food, making nutrition impossible, one of the key notes in the treatment of anemia. A preparation that will not constipate nor interfere with digestion is ideal, and such we have in Henry's Three Chlorides, which contains not only proto-chloride of iron, but mercury, arsenic and calisaya alkaloids, every ingredient itself being desirable in the treatment of anemia.

JOS. WESLEY MALONE, M. D., Blythedale, Pa., says: I am so well pleased with Celerina that I cannot refrain from citing several cases of interest. I prescribe it very frequently, and have never had it to fail yet. I used it in a case of chorea. The patient was a little girl, ten years old, suffering from an acute attack. The case had been given up by two physicians, and was a very bad one. The usual remedies, phosphorus, arsenic, etc., had been used and had no great effect. I advised the attending physician, an old practitioner, and a good one, to try Celerina. He did not take much to the idea, but after urging him he consented, and the first dose gave relief. From that time the child got better, and in about four weeks was cured. It acted like a charm, and the old physician, who had never used it, was so well pleased that I am sure he will try it again. I have prescribed it in nervous prostration and have yet to find it to fail. It is pleasant to take and produces no nauseating effects, as other remedies

do when used for some time. I frequently prescribe it with Aletris Cordial, and it also goes well with Peacock's Bromides. I shall continue to prescribe it, and shall watch its merits closely.

"HAVING derived material benefit from the use of Tongaline during several years past, I feel it no less a duty than a pleasure to make the following statement in regard to it:

"All the ingredients contained in this preparation have been demonstrated as especially valuable in neuralgia, rheumatism, gout and sciatica, and the compound by recent observers has been noted as quite beneficial in relieving the pains incident to la grippe, as well as nervous headache. Having made quite frequent use of it, as before stated, with most satisfactory results in some cases of acute rheumatism, in many of chronic and muscular as well as neuralgic affections, I have no hesitations in earnestly recommending it in similar cases, and I know that in many cases of these affections I have saved my patients from the dangerous necessity of a resort to opium or its salts. Many other observers speak in most high terms of it after thorough and repeated trial.

DEERING J. ROBERTS, M. D."

Extract from *Southern Practitioner*.

FOUR STANDARD REMEDIES.—The medicinal effects of which physicians may fully rely on:

Dioiburnia—The most powerful and trustworthy uterine tonic available, of which the most eminent gynecologists bear testimony, in dysmenorrhea, amenorrhea, menorrhagia, leucorrhea, subinvolution, threatened abortion, vomiting in pregnancy, chlorosis, etc.

Neurosine—The standard neurotic, anodyne and hypnotic, unexcelled in hysteria, epilepsy, neurasthenia,

mania, chorea, uterine congestion, migraine, neuralgia, and all convulsive and reflex neuroses, containing no chloral or morphine.

Palfebrine—Is what the name would indicate, a most reliable remedy for external eye diseases, highly recommended in simple, acute and chronic catarrhal, venereal, blenorrheal and strumous or scrofulous conjunctivitis, marginal blepharitis and inflammations of the lachrymal sac, and other external inflammation of the eye. Palpebrine in the hands of the general practitioner will enable him to treat successfully the external affections of the eye, without having to send such cases for treatment to the specialist.

Sennine—Is unexcelled as a dry antiseptic dressing, and is a specific in the treatment of old sores, ulcers, bubo, eczema, pruritus, burns, scalds, etc., wherever a dry antiseptic dressing is applicable, being entirely odorless will save both the practitioner and the patient disagreeable odors, as well as those they come in contact with. Sennine is a very fine white powder, put up in two oz. perforated top boxes, making it convenient to apply upon wound surface.

These four products are manufactured by the Dios Chemical Co., which is a sufficient guarantee that they are entirely reliable, and contain such drugs as the formula of each indicate, which they freely circulate to the profession only.

ELIGIBLE VASO-MOTOR STIMULANTS AND BLOOD-BUILDERS.—It is probable that the busy practitioner is doubtful as to the therapeutic value of mercury and arsenic. It is just as probable that every physician has frequently encountered grave difficulty in his attempt to administer these agents for a sufficient length of time or in proper quantities to produce their full therapeutic effect. Long before their remedial properties have had opportunity to exert themselves some form of

stomachic disturbance or an exhausting diarrhea accompanied by profound mental depression, have indicated their discontinuance for sufficient time to permit the patient to re-establish such tone as would enable him to again "stand the treatment." This is especially true in its application to mercury, and equally true, though in a lesser degree, with reference to arsenic. That these metals have been rendered more easy of assimilation and their therapeutic value distinctly enhanced by skillful manipulation and combination, recent medical literature leaves little doubt.

In the preparation known as *Arsenauro* we have in solution a combination of the bromides of arsenic and gold, which is certainly an advance in pharmacy.

Mercauro, which is one of the same class, has in addition to gold and arsenic the bromide of mercury in solution.

According to Drs. Stucky, Lydston, Wight, Dumesnil, Ingersoll, Wade, Kennedy and others, these solutions are blood-builders and blood-makers, valuable nerve tonics and vaso-motor stimulants, and in the experience of several *Mercauro* has earned first place in the treatment of the later stages of syphilis, with its accompanying nerve tissue degeneration.—*Times and Register*.

NATIONAL CONFEDERATION OF STATE MEDICAL EXAM-
INING AND LICENSING BOARDS.

Officers, 1897—President, Wm. W. Potter, New York; Vice-Presidents, Chas. A. L. Reed, Ohio; J. N. McCormack, Kentucky; Secretary-Treasurer, A. Walter Suiter, Herkimer, N. Y.

Executive Council—Perry H. Millard, St. Paul; Jos. M. Mathews, Louisville; Wm. S. Foster, Pittsburg; Hugh M. Taylor, Richmond, Jas. M. Hays, Greensboro, N. C.

PRELIMINARY ANNOUNCEMENT OF THE SEVENTH ANNUAL MEETING.

Office of the President,
284 Franklin St., Buffalo, N. Y., Mar. 15, 1897. }

Dear Doctor:—The seventh annual meeting of this Confederation will be held in the small banquet hall of

the Hotel Walton, at Philadelphia, Monday, May 31, 1897, at 10 o'clock a. m. The following program has been arranged:

I. Address of welcome, by A. H. Hulshizer, of Pennsylvania State Board of Medical Examiners.

II. Response, by Vice-President Reed.

III. Report of the committee on minimum standard of requirements.

IV. Discussion and action thereon.

V. Report of the Secretary and Treasurer.

VI. Annual address of the president.

VII. Some practical experience with and results of the medical law of Pennsylvania. Wm. S. Foster, Pittsburgh.

VIII. The need of exact information as to the equipments, methods and requirements of our medical schools. J. N. McCormack, Bowling Green, Ky.

IX. Address by Prof. J. W. Holland, M. D., dean Jefferson Medical College, Philadelphia.

X. Paper.

XI. Miscellaneous business.

XII. Election of officers.

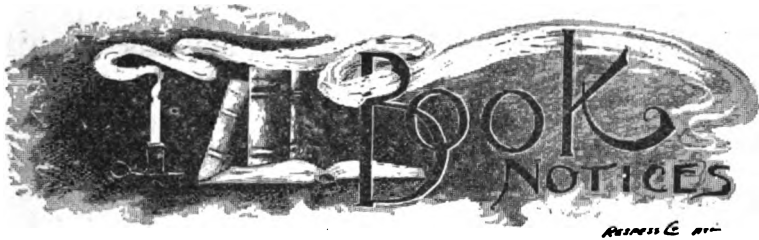
XIII. Adjournment.

The object of the Confederation is to consider questions pertaining to State control in medicine, and to compare methods in vogue in the several States, the collection and dissemination of information relating to medical education, and to consider propositions that have for their purpose advancement of the standards in the United States. A cordial invitation is extended to all members and ex-members of State Medical Examining Boards, and to physicians, sanitarians and educators who are friendly to the objects named, to attend the meeting and participate in its proceedings.

By order of the executive council.

WILLIAM WARREN POTTER, Pres't.

A. WALTER SUITER, Sec'y.



THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY, being a yearly digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, drawn from Journals, Monographs and Text-Books of the leading American and Foreign Authors and Investigators, collected and arranged with critical editorial comments by eminent American Specialists and teachers. Under the editorial charge of George M. Gould, M. D., One volume of 1257 pages, profusely illustrated with numerous wood cuts in text, and 20 full page plates. Price, cloth, \$6.50; half Morocco, \$7.50. For sale by subscription. W. B. Saunders, Publisher, 925 Walnut Street, Philadelphia. 1897.

For a careful and a very correct review of the medical work during the past year, the Year-Book of Medicine and Surgery for 1897 is all that could be expected on this line. The different subjects and departments are edited by some of the best medical men in the country, to-wit: J. M. Baldy, M. D., C. H. Burnett, M. D., Archibald Church, M. D., Arthur H. Cleveland, M. D., Coleman W. Cutler, M. D., J. Chambers DaCasta, M. D., W. A. Newman Darland, M. D., Virgil P. Gibney, M. D., Louis A. Duhring, M. D., Henry A. Griffin, M. D., John Guteras, M. D., C. A. Hamann, M. D., Howard F. Hansell, M. D., Barton Cooke Hirst, M. D., E. Fletcher Ingals, M. D., W. W. Keen, M. D., Henry Leffman, M. D., Henry G. Ohls, M. D., Hugh T. Patrick, M. D., William Pepper, M. D., David Riesman, M. D., Louis Starr, M. D., Alfred Stengel, M. D., G. N. Stewart, M. D., Thompson S. Westcott, M. D.

The work has been under the editorial and personal direction of Geo. M. Gould, M. D., and his work has been carefully and accurately executed.

A complete and carefully arranged index makes any point in the text easily found. The photographs and lithographs are splendid, and the paper and printing is all that could be desired. The present volume is larger, and necessarily more expensive to the publishers, yet the price to the physician is the same as heretofore. The doctor who wants a reliable work, one which contains a vast amount of valuable information on every subject presented, should not deprive himself of this excellent book. In looking through the book we are forcibly impressed with the importance and magnitude of the work, and do most unhesitatingly indorse it as one of the most complete and best adapted books for the general practitioner which has come under our observation.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX.

A work of Reference for Medical Practitioners, by various European and American contributors. 724 pages, and numerous full page plates and engravings. Fifteenth year. Price, in cloth, \$2.75. E. B. Treat, Publisher, 243 West 23d St., New York City. 1897.

This work is deserving of the large patronage which has been accorded it during the past five years. The volume for 1897 is equal, and in many respects superior, to any of its predecessors. While the book is carefully condensed, it is sufficiently explicit to give a clear idea of every subject presented. We can most decidedly indorse the work as a ready and reliable book, especially suited to the demands of the busy practitioner. The book is neatly and well printed, on good paper, and at the low price at which it is sold places it in easy reach of every physician.

The Alabama Medical ^{AND} Surgical Age.

VOL. 9.

MAY, 1897.

No. 6.

Original Communications.

TYPHOID FEVER.

By W. W. HARPER, M. D.,

SELMA, ALA.

Read before the Alabama State Medical Association, at Selma, Ala.,
April 22, 1897.

Typhoid fever is an acute infectious disease, characterized by a continuous temperature of three to six weeks with marked nervous prostration, and having its special pathological lesions, "hyperplasia and ulceration of the lymphoid tissue of the small intestine."

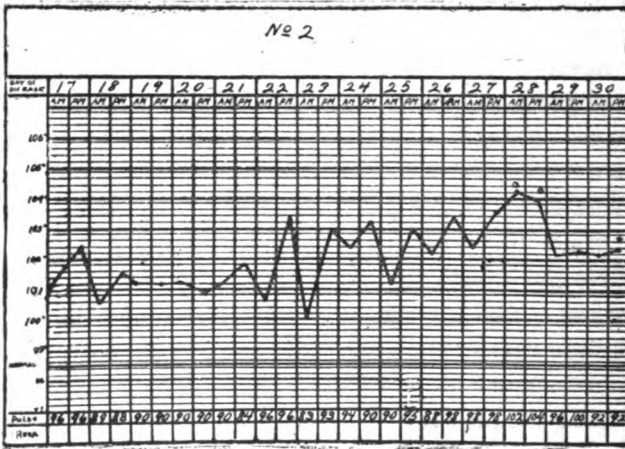
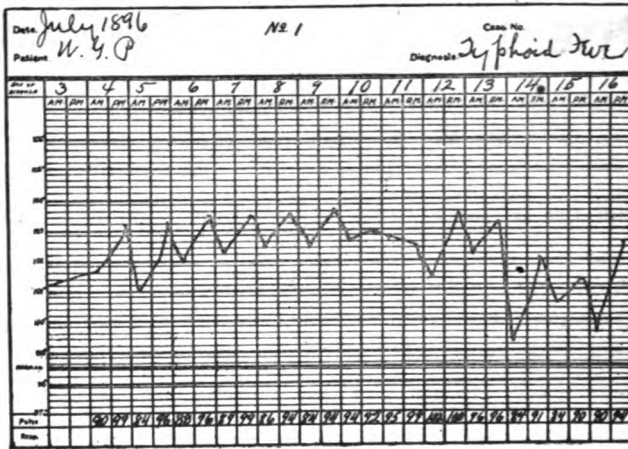
According to recent bacteriological investigations the typhoid bacillus is the specific cause of the disease. It gains entrance into the body most frequently through drinking water and milk, the latter having been shown to be an excellent medium for their rapid propagation. When once in the intestinal canal "the germs penetrate the epithelial lining and invade the lymphoid tissue," (Osler) producing the following lesions: 1. Cell hyperplasia; 2nd, necrosis and ulceration; 3rd, cicatrization. These ulcers differ from the tubercular in that they are round or ovoid, while those due to tuberculosis are annular—that is, they encircle the intestine.

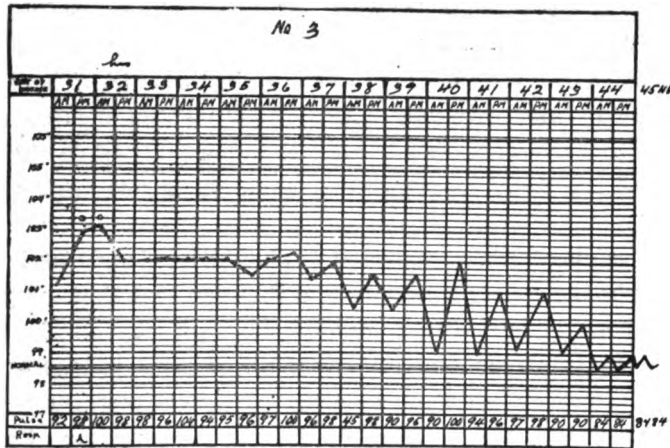
Since the germs are found in the urine and feces after the first week, it is very evident that prophylaxis plays an important role in the treatment of the disease. Not only should every stool be disinfected but also the renal secretion. The linen of the pa-

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tient and that of the bed should, when soiled, be immediately removed and boiled. After attending to the wants of the patient nurses should disinfect their own hands to avoid carrying the contagion. As a disinfectant for the stools, I think nothing better than a quart of the following solution to each stool:

R. Unslacked lime $\frac{1}{2}$ pound.
Water one gallon.





The disease rarely begins with a chill, but for three or four days before taking the bed patients complain of malaise and have no disposition to do either mental or physical work. The accompanying temperature chart, which was uninfluenced by bathing or antipyretics, shows the pathognomic temperature curve.

The temperature, however, does not always follow this typical course. The tongue is pointed, dry and red, although it may be covered with a light fur. It is protruded slowly and hesitatingly. Sordees collect on lips and around teeth, the gums bleed easily and epistaxis is very common. The appetite is lost, but there is not the marked nausea and epigastric tenderness found in the remittent fever. Diarrhoea or constipation may be present. Tympanites is an annoying and dangerous symptom. The iliac gurgling upon which so many writers lay great stress is, in my opinion, practically worthless as a diagnostic sign, since it can be elicited in other diseases. While there has been marked tenderness over both liver and spleen, I have not been able to distinguish any appreciable enlargement of either organ. The pulse soon becomes soft and dicrotic, the expression is dull and listless—the cheeks being of a dusky redness. About the seventh or eighth day in most cases a distinct molecular eruption appears upon abdomen. The molecules are very transient, coming and go-

ing early in the disease, the nervous system shows profound toxemia. Patients complain of severe pain in the head, back and legs. Insomnia is the rule; light is objectionable. There is delirium of a low muttering type, subsultus and picking at the bed clothes, emaciation is very pronounced, and in the latter weeks of the fever, hypostatic pneumonia is not infrequently present.

Before beginning treatment it should be clearly understood that typhoid fever is a self-limited disease, and that, as yet, no known remedy has been found by which it can be aborted or cured. In this respect it is closely allied with pneumonia and some of the other infectious diseases. In experimenting with the pneumo-cocci at the Leyden clinic, the Klemperer Brothers found that immunity was produced in animals by injecting hypodermically pure bouillon cultures. The immunity lasted about five months. They also found that if serum from these immune animals was injected into susceptible animals they were not only rendered immune but that pneumonia was arrested if in progress.

The results of their investigations showed that the pneumococcus produced a toxine, which, when absorbed into the blood, produced the elevated temperature and afterwards an antitoxine which rendered the tissues immune. This antitoxine is said to destroy neither bacteria nor the toxine, but simply neutralizes them.

Acting upon their experiments they gave to pneumonia patients injections of serum from immune animals. The results were very favorable. Upon the same principle, we have vaccination, Pasteurism and the "antitoxine" treatment of diphtheria.

What is true of these diseases is equally true of typhoid fever. The lymphoid tissue of the intestines is simply a nidus where the typhoid bacilli may propagate and generate toxins. The absorption of these toxins and their presence in the blood gives rise to the temperature and other symptoms. In time an antitoxine is produced which neutralizes the poisonous albumins of the bacteria and the disease ends. Acting upon this belief serum therapy has been used with some success, but as yet the treat-

ment is in a too imbryonic state to give any definite conclusions. If the bacteriologist is correct, we are shown the utter futility of giving medicine as a curative agent. Therefore, it is clearly the duty of the physician to nourish his patient, tide him over crisis, and help nature by relieving unfavorable symptoms.

1. The nourishment should be liquid and given at regular intervals. Four to six ounces of sweet milk can be given every three hours. Where patients cannot take the sweet milk, fresh büttermilk can be substituted. Should the milk diet cause too much gas formation in the intestinal tract, chicken or beef soup should be used in its stead. Even where the milk agrees it is well to alternate with the soup to avoid sameness in diet. The chicken and beef soup as usually made is practically worthless as food. Gillman Thompson gives the following recipe for making soup: "One small or half large chicken, or one pound of beef, chopped up bone and all very fine, put into quart of water and boil down to one pint, season with a sprig of parsley or other vegetable and serve." Of this soup give five or six ounces every three or four hours. Seibert, of New York, prefers soups to milk, and gives the regular pea soup which has been strained.

Stimulants are especially indicated. Half an ounce of good whiskey every three or four hours will often quiet the delirium and produce sleep when other agents fail. The whiskey is to be given as a toddy, milk punch or eggnog. The latter method especially commends itself as the eggnog is easily digested, is very nourishing and stimulating. To avoid disturbing the patient's sleep the whiskey should be given with the milk at night. When nourishment cannot be taken by mouth, it should be given per rectum. We underrate the rectum as a digestive organ, and we are advised to predigest all food given in this way. This is entirely unnecessary, as clinical evidence shows. In the summer of '89 I sustained a patient for three weeks by rectal alimentation. In the summer of '96 this was almost the exclusive diet for five or six weeks of a case of gastric ulcer. In neither case was there noticeable emaciation, and yet not an ounce of food was predigested. We used five to six ounces of milk. The milk should be warmed to temperature of body and should be slowly injected from a fountain syringe.

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The room should be well ventilated. The bed linen should be changed every other day—oftener if soiled—and boiled. Every evacuation should be immediately disinfected and removed from the room. If the bowells do not act every day they should be moved by an enema.

MEDICAL TREATMENT.

For the severe headaches and pain in the legs and back, I have obtained excellent results from Codeiae Sulph or phosphate gr. $\frac{1}{4}$ -1, repeated when necessary. Insomnia is often a distressing symptom. Codeine acts very frequently like a charm. We can also use to advantage trional gr. xv-xx in cup of hot milk. It acts promptly and is not depressing. Golding Bird insists that it be given in hot milk. In many cases we are able to procure sleep only after we have pushed the alcohol.

HIGH TEMPERATURE.

Nearly all clinicians have agreed that the coal tar derivatives are dangerous. When used the smaller dose should be given and in combination with a cardiac stimulant.

For reducing the temperature the Brand method is par excellence, but the writers of our text books forget that while it is applicable in hospitals it cannot be used by the average general practitioner. To carry out this treatment requires apparatus and trained nurses, or more harm than good is done. Sponging with cool water is a ready way of reducing high temperature and it is acceptable to most patients. This can be supplemented with enemas of water, 60 to 70 degrees. Some advise large enemas of ice water, but such enemas are dangerous for they are liable to cause hemorrhage or shock the solar plexus.

It is very important to cleanse the mouth and lips several times a day with a solution of chlorate of potash or boracic acid.

Unless the bowels act too frequently, the diarrhoea should not be checked, as it is eliminative. Tympanites is a troublesome and dangerous symptom. It is most frequently relieved by placing over the abdomen turpentine stupes. For the purpose of producing intestinal antisepsis a host of remedies have been given—a few doing good, a great many doing harm. The soluble

antiseptics are certainly out of place for they interfere with digestion and are usually absorbed long before they reach the diseased area. Of the various intestinal soluble antiseptics used at the Paris hospitals benzonaphthal was found to be the most powerful and the least toxic, as it is split up only in the small intestine it does not upset the stomach. Its action is similar to salol, but it has the advantage of being non-toxic even in large doses. I have used it with advantage. The dose is eight grains to an adult every three hours; to be given in capsule, powder or emulsion. Should hemorrhage occur, lead and opium pills still hold the favorite place. Strychnia and ergotole are to be given hypodermically and an ice pad placed over the abdomen. Should perforation occur morphia and stimulants are our sheet anchors. As a dernier resort colliotomy and resection has been advised. To avoid bed sores all bony prominences which are exposed to pressure should be sponged several times a day with alcohol. The patient's position should be changed three or four times a day to prevent hypostatic pneumonia.

During the convalescence Osler advises the withholding of all solid food for eight days after any rise of the evening temperature.

ADDENDUM.

April 1, 1897.—Since writing this paper (Jan. 1, '97.) I have been able to study typhoid fever bacteriologically, and I find that if serum from a case of typhoid fever be placed in contact with pure cultures of typhoid bacilli, the bacilli are not only killed but gather in groups. This is known as Widal's reaction. It should be remembered, however, that the serum of healthy subjects will, when in contact with the bacilli, often arrest for half an hour the movements of the bacilli, but the bacilli do not agglutinate (come together in groups) and begin their movements after half an hour.

DIPHTHERIA AND SOME OF THE LATE METHODS OF TREATMENT.

BY CHAS. M. WATSON, M. D.,

Read before the Lauderdale County Medical Society April 17, 1897.

Mr. President and Gentlemen of the Society:

I will briefly and to the point speak of diphtheria and its orthodox treatment, together with such remedial agents as deserve special mention from my hands—concluding my remarks with direct reference to the antitoxine treatment. Diphtheria, as we well know is an acute, specific, contagious disease, beginning most frequently with an invasion of the throat and characterized by a local exudation, with glandular enlargements, systemic poisoning and having for its sequelae various paralyses. It prevails as an epidemic, under certain circumstances it is endemic, and it also occurs sporadically. The materies morbi of the low forms of fever, such as small pox, scarlatina, typhus, etc., seem to favor the development of diphtheria. Like all of its allies, the conditions of bad hygiene increase its virulence and favor its diffusion. It is communicable by direct touch as well as by diffusion through the atmosphere. The period of incubation is very variable, owing largely to the intensity of the poison and the systemic state of the patient. With the invasion of the disease the throat presents a condition of hyperæmia—a vivid injection of the mucus lining of the fauces, soon to be followed by grayish white patches upon the pillars of the fauces, the soft palate, the velum-palati, or the tonsils. This exudate increases in size and intensity, rising above the surrounding tissues until a thick, tenacious, leathery coating is formed, which is known as the “false membrane.” Considering the pathological condition of this disease at this juncture compared with the physical condition of the patient, I am forced to believe that at first diphtheria is a local disease. As this invasion becomes more intensified about the throat the lymphatics of the neck become also involved, the invasion extending into the bronchi and even to the lung itself. The mucus membrane in other localities of the body do not often escape the ravages of this disease. Frequent,

ly we detect it in the nose, the eyes and even in the vaginal mucus membrane. In the septic form of this disease the heart some times becomes soft even to the extent of ulcerative endocarditis. The malpighian tufts and tubules of the kidneys undergo degenerative changes, throwing off hyaline casts together with albumen. The nerve centres, the brain and spinal cord are so affected by the toxic properties of diphtheria that we have a list of secondary paralyses which we all apprehend as a result of the disease. In considering diphtheria, both in its mildest and most malignant forms I have copied the following four classifications which appear to me to be the most correct classifications, viz: 1. The catarrhal form. 2. The croupous form. 3. The septic form. 4th and last, the gangrenous form. Now we have in this category all the varieties of diphtheria. Those cases which yield to little or no treatment, those which always result favorably under a certain treatment and those which die in spite of every treatment. I deem it unnecessary to describe minutely these four forms of diphtheria, as their names indicate their severity; suffice it to say that grave sequelae may follow any one of these forms. The duration and termination of any case of diphtheria is by no means certain. No case of diphtheria should be regarded as trifling, for during the course of the mildest form the most formidable symptoms may arise. The prognosis depends first as to what form or variety of diphtheria the patient is attacked with—the catarrhal being the mildest, the gangrenous being the severest. The prognosis should be modified by the following facts—the age and constitution of patient, laryngeal complications, nasal and post nasal complications, enlargement of the glands of the neck, bad hygiene and unfavorable surroundings, vomiting and purging, epistaxis, gangrenous odor, specific gravity of the urine, albumen, a very low or very high temperature, etc. Our prognosis should be based upon a very minute analysis of each case, for cases that seem to be doing well sometimes terminate very unexpectedly in death. The forms of paralyses of diphtheria are those which occur during the existence of other symptoms and those which come on after the so-called termination of the disease. The first come on about the tenth day or

during the second week to complicate the disease and consist in a muffled nasal tone of voice, with difficulty of swallowing, and the regurgitation of liquids through the nose. The secondary paralyzes begin in the muscles of the pharynx and soft palate, then involve the ocular muscles, then the upper and lower extremities, and with these sometimes the sphincter muscles of the body are paralyzed. Fortunately paralyzes resulting from diphtheria yield generally to treatment.

The invasion of the throat in diphtheria may be and sometimes is mistaken for acute ulceration of the tonsils, the main point of difference being, in ulcerative tonsillitis the ulcers are depressed, while in the diphtheritic exudate the patches are elevated above the bordering tissues. Again the tonsils alone are involved in the one, while in the other, diphtheria, the exudation is not confined to tonsils. Where true or membranous croup leaves off and diphtheria begins is sub judice, though I find a great many of the late writers consider them one and the same disease—these writers regarding the Kleb-Loeffler bacilli to be the diagnostic symptom. In the sore throat of scarlatina we see the thin cord like coating spread over the tonsils and sometimes the palate, but generally united, while in diphtheria the membrane is grayish and the patches are separate and distinct. Again, in scarlatina we have more temperature convulsions and delirium, together with the peculiar scarlet rash over the body.

I wish to say here that our climate does not appear to be conducive to the propagation of any of these low forms of fever. As to the treatment—I copy the following paragraph from a high authority: "If the theory of a local infection followed by a systemic poisoning be adopted the early detection and destruction of the first patch of false membrane is of the highest importance. Bretonneau acted on this theory and applied muriatic acid," which, I will add, is used by some today and they claim with good results. My own treatment, gentlemen, is as follows: For local treatment in the throat I use carb. acid, chlor. potash, tr. chloride of iron and water as a gargle or spray, alternating with Borolyptol diluted or pure, or with Loeffler's solution, which is made as follows: Menthol, two and a half drachms, dissolved in nine drachms of toluol, to which is added liq. chlor. iron, one

drachm and pure alcohol, two ounces. I think I have derived great benefit by the use of resublimed sulphur thrown quite often into the throat by insufflator. The same local applications are used on other parts of the body where the membrane exists. Liquid albolene is quite grateful put in the nose or ear by pipette. To control the fever I use antipyrine or acetanelid by the rectum.

I administer calomel for its alterative effects upon the entire system and for its antiseptic effect in the alimentary canal, as well as its direct action upon the liver. I use iron to support the blood and use it quite freely, preferably the muriated tincture. Alcohol is beneficial both as stimulant and food, when given in form of toddy or eggnog. If the heart becomes weak I give tr. digitalis or strychnia or both. A poultice of stramonium leaves to the swollen glands of the throat is grateful and soothing. Papine or morphia hypodermically relieves the pain and quiets. The nourishment should be easily digested and supporting; concentrated soups and broths, buttermilk, milk punch, egg nog, etc. The liquid peptonoids have served me admirably. Antiseptic solution should be placed in the room, together with lime, etc., the room should be kept well ventilated and pleasant as possible, with the removal of all unnecessary drapery and fixtures. The patient should be isolated and special care should be taken that the disease is not allowed to spread even in the family.

As to the secondary paralysis. I rely upon a change of air and surroundings, together with tonics, quinia, iron, the hypophosphites and strychnia, especially strychnia, together with wholesome nutrition food and good hygienic surroundings. Of course the rational treatment of any case of diphtheria should be so modified as to meet the requirements of the case under consideration. I now call your attention to the two surgical methods tracheotomy and intubation, which are some time resorted to in the treatment of diphtheria. I will not describe the first tracheotomy, as this procedure has been in vogue for some time, and all works on surgery I think explain the technique of this operation. The other intubation is a method which was instituted to support tracheotomy.

It is to my mind a purely mechanical device originated to avert suffocation, and is of undoubted value in those cases where the patient seems to be threatened by death solely for the want of breath. To practice intubation it is necessary to have an intubation set—that of Dr. O'Dwyer, who established intubation upon a useful and scientific basis, being the best for use. In inserting the tube into the larynx great care should be used in selecting a tube to fit, and the same care should be taken lest the tube to get into the oesophagus. As the introduction of this tube excludes the air, five or ten seconds only should be consumed in introducing it. The same limit as to time should be considered in extracting the tube. The tube should not remain in position longer than from three to five days. The most difficult part of the operation is extracting the tube from the larynx. Dr. Dillon Brown, of the New York Polyclinic, has invented a very simple though ingenious extractor which is fastened to the index finger by a ring or silver band which is adapted to fit any size finger. In well selected cases intubation fills a very useful part in the treatment of diseases of the larynx and trachea.

And now, gentlemen, with your permission I will speak of the germ origin of this disease with its specific treatment. Diphtheria being a communicable and inoculable disease, it is caused and propagated by a specific germ or poison which has been isolated within the last four years and is now known to the medical profession as the Kleb-Leoffler bacilli—taking its name from the two pathologists whose scientific investigation led to its discovery. Hueter and Oertel were among the first investigators to direct attention to the existence in this disease of a minute organism which they were pleased to class among the “bacteria group.” This was the situation as far as pathological research had gone till the great German scientist and pathologist, Virchow, taking up the chain isolated what he called “micrococci calomnis” in the exudate of the disease. Of course there were many other men of science working at the same time in the same field, but those mentioned were among the most successful in their researches. And thus we follow the chain of pathological investigation until we reach the discovery of our own day and time—the

Kleb-Loeffler bacillis. Now we rely almost entirely upon the Kleb-Loeffler bacilli as the diagnostic feature of the disease. The discovery is yet in its infancy, and especially is this true in its applicability to combatting the disease, but having discovered the enemy, it was the next most natural effort to find something to destroy this enemy with, at the same time being invulnerable per se to the patient afflicted with the malady. Hence along this line Prof. Behring first labored to produce this agent and finally succeeded in giving to the world Antitoxin, or horse-serum—a product which a large number of physicians regard as a specific in diptheria. In this connection it might be of interest to note that the horse was chosen as the most suitable animal for Antitoxin use, because he is susceptible to many diseases which the human race is heir to, and yet is practically immune to diptheria. Now, as to the use of Antitoxin in diptheria, it is just to say that the treatment is still in its infancy and as yet no just or scientific conclusions can be drawn from its use. It has been and is today being used both in this country and on the continent by a large number of able and progressive men, and so far as I am able to learn the gross percentage of mortality, without taking favorable cases alone and including operative cases, ranges from five to twenty-three per cent. as against the ordinary mortality of fifty per cent. Personally I most earnestly and sincerely advocate the early use of Antitoxin in diptheria. My personal experience with it is quite limited, as my diptheria patients have been quite limited, and I have only used it in Dr. Seibert's clinic of New York City and under his direction, when I saw most excellent results from its use. There are very few physicians, indeed, who would not hail with delight any remedy with a specific tendency to combat this most formidable disease. The most active adversaries of Antitoxin use this forceful argument, as they claim, against it—that “it contains too much horse and not enough toxin.” I am a firm believer in the so-called germ origin of disease, as also in the contagiousness of most diseases, if not all of them, and until we isolate the specific germs or poison in specific diseases and meet them with specific antidotes or agents, we are of necessity to a certain degree laboring in the field of empiri-

cism. Those who advocate the use of Antitoxin hope yet to administer it with as little pain and in as small quantity and with as happy results as with other remedies of hypodermic medication. The average dose of Antitoxin is from five to ten cubic centimetres—equal to one thousand to two thousand toxin units, or about one-third to half an ounce. This can be given twice in twenty-four hours with Antitoxin syringe and needle, either in the abnormal parietes or in the broad of the back. The following facts are stated by Dr. E. P. Murdock, Medical Inspector Health Department, Chicago, Ill., from the use of Antitoxin during an epidemic of diptheria there in 1895. Dr. Murdock says:

1. No evil or deleterious effects follow the administration of Antitoxin which can be attributed to the use of the remedy, either with diptheria patients or with healthy children for protective purposes.

2. No child treated for immunity has contracted the disease, no matter how much has been the exposure.

3. All patients were benefited by the treatment when administered in time to permit a reasonable recovery.

4. The administration of Antitoxin does not in any way interfere with other treatment.

In conclusion I must add that I do not believe any physician does full justice to his patient if he recognizes a well developed case of diptheria without the use of Antitoxin, and I look upon the Antitoxin treatment in diptheria as I do a beautiful fan opening itself over many other diseases than the one we are discussing.

SOME NEW REMEDIES.

By. W. H. BELL, M. D.,

OXFORD, ALA.

Read before the Calhoun County Medical Society, April 6, 1897, at Oxford.

Having been appointed to read a paper today on "Some New Remedies," I thought I could not do better than report a few cases in the treatment of which I used some new remedies—at least some that are new in my practice.

I will first report a case of morphine poisoning treated exclusively with permanganate of potash. This is not a new medicine, but one new in its use as an antidote to morphine, having been discovered to possess properties of that kind a few years ago by William Moore, a pharmacist of New York, who, to prove its efficiency, swallowed a solution of 5 grains of morphine and immediately swallowed a solution of permanganate of potash, and had no ill effects from the morphine.

About 12 o'clock on October 19, 1895, I was called to go five miles into the country to see a man about 72 years of age. Upon arriving there, not having found out anything of the nature of the case before my arrival, I found him in a state of profound narcotism, the pulse slow and feeble, the respirations slow and shallow, only about three or four per minute, the skin cold and sweating, the face pale, cyanosed and ghostly, the pupils minutely contracted and reflex movements entirely abolished. Upon inquiry I found that he had been having chills, one every other day, for some time, and had been taking quinine daily for it. On the day before his quinine had given out, and his wife knowing that her daughter, who was married and living near by, had some quinine, went to her house and borrowed some until more could be procured from town. The daughter was not at home, and the mother, knowing that she kept it in a trunk, went into the trunk and poured out what she supposed was quinine and carried it home and put it into her quinine bottle. That morning about 5 o'clock the old gentleman took about 5 or 6 grains of this. In about an hour, telling his wife he felt stupid and bad, he lay down on the bed and was soon asleep. His wife did not notice anything wrong till in two or three hours she noticed that he slept unusually long and had slow, rough breathing. She tried to arouse him, and failing to do so, she summoned the neighbors. They did not suspect morphine poisoning at first, but after a time sent for a doctor two or three miles away. Not finding him I was sent for and reached there seven or eight hours after he had taken the supposed quinine. Upon finding out that he had taken this I asked the daughter if she had morphine in the trunk where the quinine was kept. She said she had just

gotten some a day or so before that her mother did not know of, and it was in the trunk where she kept the quinine bottle. On examination it was found that some of the morphine was gone, and that the mother had gotten morphine through mistake for quinine, and it was 5 or 6 grains of morphine the old gentleman had taken. My diagnosis of morphine poisoning was thus confirmed. Having no stomach pump with me, I gave at once a hypodermic of apomorphia and repeated the dose in a short time, neither dose having any effect to produce vomiting. Immediately after giving the first dose of apomorphia I began giving permanganate of potash solution hypodermically, as he could not swallow. I continued giving this hypodermically from 1-2 to 1 grain every half hour till I had given 7 or 8 grains. In an hour or two after giving the first dose there was some slight improvement in the respiration, being about five inspirations per minute, and also in the circulation. This improvement gradually continued till in about six hours after the first dose there was some voluntary movements of the arm and leg. In about four or five hours more he was able to swallow and sit up in bed. During the day following he took a little nourishment, sat up and walked about the room, and was getting on splendidly, talking, etc., showing recovery from the morphine narcosis.

On the next day, which was his chill day, and the second day after swallowing the morphine, he was doing very nicely until the chill time, when he had a very hard chill, followed by high fever, during which about two or three hours after the paroxysm he died. I am sure he recovered from the immediate effects of the morphine poisoning.

The next case is one of pyelitis in a man aged about 45 years, caused from renal calculus in the pelvis of the kidney. He had suffered more or less for several years. There was pain and soreness in the lumbar region, which was marked on exertion, and extended along the ureter to the lumbar region and the spine. This pain was a feeling of soreness and heaviness, not relieved by a change of position. There were occasionally attacks of colic more or less severe, no doubt caused by the passage of plugs of mucus or shreds of tissue from the pelvis of the kidney through

the ureter. The urine was at times milky and clouded, at others was dark and at others was clear. Upon examination of the specimen obtained shortly after one of the attacks of colic, I found present albumin and pus. He had at times passed urine containing blood. He had fever at times. I gave him the following prescription:

R_x Piperazine 3 iss
 Aqua dist 3 vi

M. Sig. Teaspoonful 4 times daily, gradually increasing dose till two teaspoonfuls are taken.

This was continued for about three months. In the meantime I advised him to drink freely of Lithia water. He continued the Lithia water for two weeks, when he left it off, but continued the piperazine. In a month's time he was very much improved, and at the end of three months he appeared to be well, the urine clear and no pain. I have seen him once or twice since, when he seemed to be perfectly well. My idea is that the piperazine dissolved the renal calculus, and the cause of the inflammation being therefore removed, the catarrhal trouble was soon relieved.

In the next case I just desire to report the use of guaiacol locally in a patient suffering from pleuro-pneumonia. There was considerable pain and a temperature of 103 degrees to 104 degrees. Fifteen minims of the guaiacol with the same quantity of glycerine was applied over the seat of pain with a camel's hair brush, resulting in a reduction of the temperature to 99 degrees and entire relief of pain. The reduction in temperature took place in about two hours after the application.

Next I will report three cases of amenorrhoea in young women treated with Pepto-Mangan (Gude), an organic combination of iron and manganese. The first case was a girl aged 16, who had been anaemic and pale for a year or more, whose mother had died of tuberculosis. She had but little appetite, menstrual periods irregular, flow scant and pale in color, sometimes attended with considerable pain in the back and abdomen at the beginning of the flow. I prescribed for her Gude's Pepto-Mangan, tablespoonful doses three times daily, also Liquor Sedans in half teaspoonful doses for two or three days previous to the flow. In a few months the flow was regular, without pain, the cheeks

rosy, lips red, appetite good, the girl healthy looking, showing herself to be very much improved.

The third case was in a negro, age 23, unmarried, who had been regular in her monthly flow, fairly well nourished up to about three months previous, since which time she had had no flow, some pain in back and feeling depressed at each time. I prescribed Pepto-Mangan, tablespoonful three times a day. The flow was established and has been regular and without pain since and she has gained considerable in weight.

The third case was in a negro, age 23, unmarried, who had suffered from anemia and irregular menstruation for several years, sometimes going five or six months from one flow to another. She had a poor appetite, felt badly all the time and was not able to do much work. I prescribed for her Pepto-Mangan, tablespoonful three times a day. Now, a month after beginning, she is very much improved, appetite better, flow established at the last time without pain. She promises to be very much benefited.

PUEPERAL ECLAMPSIA.*

BY CAPERS G. JONES, M. D.,

Ex-vice-President and Grand Senior Counsellor.

Of recent years there has been quite a revival of interest in and discussion of the subject now presented for your consideration.

This is due in part to unsettled conclusions as to the etiology of the disease, and lack of agreement concerning medical treatment and obstetrical management. Other and very weighty reasons are: The formidable character of the disease, the suddenness and violence of attack, attended by results so serious to both mother and child, overwhelming the attending physician with a consciousness of grave responsibility and taxing his resources to their utmost capacity.

Fortunately, it is not a disease of frequent occurrence, more

*Read before the Medical Association of the State of Alabama at its recent session in Selma.

frequent, however, than some authors admit, and more frequent than it need be if the causes producing it were more generally and better understood and guarded against.

Statistics vary as to the proportion of labor cases attacked, from one in two hundred to one in five hundred. The former estimate more nearly conforms to my limited experience.

Baily claims that the order of frequency of the eclamptic attacks is, 1st, pregnancy; 2d, labor, and 3d, the lying in period.

Of thirteen cases coming under my observation, three had convulsions before labor, six during labor and four after. Ten were primiparae. Primiparae are conceded to be more subject to attacks. The greatest danger to mother and child attends those attacks preceeding labor; the mortality after labor is greatly lessened.

The mortality to the mother is estimated in text books at from twenty-five to thirty-six per cent.

Playfair gives a mortality of only fourteen per cent, and concludes, with Phillips, that this favorable result is due to the abandonment as a treatment of repeated and indiscriminate bleeding, which was at one time considered the sheet anchor. Of my thirteen cases one died, a mortality of about eight per cent. The mortality to the child was thirty-two per cent. The usual estimate of authors is fifty per cent.

Death may result during an attack from asphyxia, apoplexy, sudden heart failure with the formation of heart clot; later from edema of the lungs and brain—exhaustion, septic, infection, etc.

The pathological conditions after death give a variety of conditions, and no definite conclusions as to the etiology.

Goldberg discovered in seventeen autopsies, sixteen with either acute or chronic lesions of the kidneys. Schauta in twenty-eight cases found anemia in nine, nephritis in sixteen and normal kidneys in three.

Winckel observed inflammatory lesions in one-third of his autopsies and entirely normal kidneys in another third.

Viney regards lesions of the liver as presenting as great importance as those of the kidneys. The liver may be completely disorganized and present the lesions of acute yellow atrophy, in

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some cases, while in others it is increased in size. The brain presents conditions sometimes normal, at others anemic with oedema, less frequently hyperaemia, though sometimes this may be so great that rupture of the blood vessels occurs and apoplectic clots are found.

Edema of the lungs is frequently found, with apoplectic spots, and sometimes pneumonia.

The theory which makes the essential cause of eclampsia toxemia—not one, but several different poisons, perhaps, concerned, is the one now generally supported. This toxemia, while usually associated with renal failure and dependent upon it, does not in all cases have such association and dependence, for the disease caused by the toxemia may occur without renal lesions or disorder. It is a question, in some cases, if the renal trouble is not the result rather than the cause of the toxic condition. (Parven.)

Admitting toxemia to be the cause, the question naturally arises, what is the source of the poisonous agent or agents, for according to Massen these toxic substances are non-oxidized products of the vital activity of the cells—so-called leucomaines. These leucomaines are formed in the body of pregnant women in large quantity, but, through the intervention of the liver, are rendered innocuous.

Under certain conditions, provisionally unknown to us—likely due to an increase of the toxic substances, changes take place in the liver as a result of the toxemia involving secondarily, in all probability, the kidneys, in consequence of which the liver is unable to render the leucomaines circulating in the blood, innocuous, while on the other hand the kidneys are impaired in their excreting power. These toxic matters accumulate, therefore, to an inordinate degree in the blood and generate such an irritability of the central nervous system that, under the influence of external irritants, convulsions are evoked.

The foetus and placenta, in many instances, are supposed to contribute to the production of these toxins, but to what extent is not known.

Tyson has said that he sees no reason why we should ex-

clude from the causes of convulsions in the puerperal state those that operate to produce them in the non-puerperal.

It is admitted that the susceptibility of the nervous system greatly varies in different subjects, and that from this temperament we have at least a predisposing cause to eclampsia.

Now, given a subject with this irritable nervous temperament, with a rigid as with a dry labor, maybe, and the severe pains incident to the dilation of the maternal parts, it seems to me that the reflex irritation is sufficient of itself to induce the convulsions without any toxemia.

Several such cases have fallen under my observation, and this view is concurred in by a number of experienced physicians of my acquaintance. The readiness, too, with which these cases are controlled by sedatives, tends to confirm this opinion.

The microbian seems to lack confirmation. Certain premonitory symptoms usually precede by some length of time the convulsive attacks.

These vary in degree and intensity and may pass unobserved. Among the graver manifestations of impending trouble may be mentioned, headache, usually frontal, epigastric pain, disturbances of vision and hearing, dizziness, dyspnoea, stupor oedema of the face, labia and extremities. Under such conditions there is deficient elimination from the bowels and kidneys. The urine is scant and the presence of albumen and casts will usually be detected on examination.

The limit that properly should be given this paper will hardly allow entering into a detail of the symptoms and diagnosis of an eclamptic attack.

With these I presume you are familiar. I will proceed to a discussion of the more practical part of my subject—the management of the pre-eclamptic and eclamptic states.

It is a matter to be regretted that so few women place themselves, during the period of gestation, under the observation of and management of a physician. They know no better. We ought to educate them to the importance of such a course, for although we may not be sure of the exact cause of eclampsia, we have at least learned that it is largely a preventable disease.

When the pre-eclampsia symptoms, as above enumerated, present themselves we should at once proceed to stimulate the excretory action of the lungs, skin, bowels and kidneys. Moderate exercise, warm clothing (woolen) next to the skin, with the use of frequent warm baths, will improve its function. If a decided effect is desired because of urgent symptoms, the hypodermic use of Pilocarpin 1-8 grain, will cause free diaphoresis. The bowels are to be opened by some brisk cathartics and constipation prevented by the daily use of laxatives. Pil Lapactic is a favorite with me. If a stronger effect is desired Barker's Post Partem pill is a good one.

To stimulate the kidneys the free use of Lithia water is to be commended, with infusion of digitalis and Pot. Betart. or Acetate, where a more decided diuretic is indicated. Dr. Edgar, of New York recommends to be given at bed time twice a week or oftener, the old diuretic pill of the fathers—calomel, digitalis and squill—each one grain, with the addition of Mur. Pilocarpine, one-twentieth of a grain. This is followed in the morning by some saline or mineral water. It has a decided diaphoretic-diuretic action, besides a prompt action on the liver and intestines.

Of course you will look to the regulation of the diet of your patient, avoiding rich, nitrogenous food, and encouraging the use largely of milk. In urgent cases the universal testimony now is in favor of restricting the diet exclusively to milk. It has an excellent diuretic effect. Lusk has doubled the amount of urea in a patient by a milk diet. Tarnier claims to have reduced the mortality of his cases from thirty-eight per cent. to nine since he had adopted the milk diet.

Davis, of Philadelphia, has not seen a case of eclampsia, except in consultations, since he has adopted the eliminative treatment, in fact has about concluded that it is a preventable disease.

If your patient is anemic, iron is indicated. I find nothing better than Basham's iron mirture. The Mur Tinc., or Pepto-Mangan may be substituted if preferred.

Headache, or nervousness may annoy your patient, and these may persist after the use of eliminatives. I suggest the bromides, or chloral, or the combination of these if you please—not

for regular use, but only as indicated. Some may prefer to extract a little blood from a plethoric patient at this stage. You must be your own judge as to that. I doubt the necessity, at any rate it is not the fashion now.

Under this, or a similar line of management, you may confidently expect your patient's condition to improve, but occasionally some may not, and the toxic symptoms grow steadily more threatening. Then what is to be done? A war of words is being waged at this point among our prominent teachers and writers. The younger gynecologists and obstetricians claim to be robbing labor of its dangers by departing from the conservative or dilatory course pursued by their seniors. Acouchment force has come to the front. Dr. J. Clifton Edgar, of the University of the City of New York, lately read a valuable paper on this subject before the New York Academy of Medicine, in which he stated that "Given a case in which in spite of an exclusive milk diet and vigorous stimulation of the excretory organs, the symptoms and signs of the pre-eclamptic condition continue, or at any time become urgent, the indication is to induce, artificially, abortion or premature labor. This view was cordially endorsed by Grandin, Davis and many others present. Dr. McLane was a firm believer in the induction of premature labor, but believed in watching the case and carrying it along to the period of viability when the child could be saved.

Duhrssen, of Germany, whose practice of deep incisions into the cervix has brought him notability, believes in emptying the uterus by force, under these conditions, no matter what may be the stage of pregnancy nor whether there is or is not a commencement of labor.. A more conservative view is entertained by the Obstetricians of Great Britain; also by Olshausen, Winckle and others of Germany. Charpentier condemns, in unmeasured terms, Duhrssen's operation, and is opposed to its use under any circumstances; prefers to wait, if possible, for labor to begin, even in patients in whom spasms have developed, in such cases controlling the spasm as best he can by bleeding, chloroform, etc. Lusk asserts that in the second half of pregnancy a large proportion of healthy women have a slight trace of albumen, and

that this called for diuretic treatment, but not for surgical interference. The weight of authority, he thinks, is favorable to procrastination, the interruption of pregnancy being regarded as an extreme measure justifiable only in cases of the utmost peril. But his convictions are clear that, so soon as grave cerebral symptoms develop the period of folded hands has passed. My experience in the past inclines me to a conservative course. I would be slow to produce an abortion under any circumstances. A premature labor would be given more consideration. Fortunately these extreme cases will be rare if we practice in the light of present knowledge. When they do occur every doctor should, with consultation, decide the case upon its merits, in the fear of God and with every consideration for the welfare of mother and child.

Convulsions may come before, or during, labor with all the suddenness of a clap of thunder in a clear sky. It is a frightful complication. Terror seizes the family and attendants. Let the physician keep cool, encourage others and enforce quiet. Restrain your patient sufficiently to prevent bodily injury. Protect the tongue by the folded edge of a towel, or towel twisted into a loose rope, pressed between the teeth during the spasm. This is far better than corks or spoon handles. Administer hypodermically from 10 to 15 minims Norwood's tinct. veratrum. Or, if your patient be plethoric with full bounding pulse and congested or livid face, take from 16 to 18 ounces of blood from the arm. I used to do that, but the results were very disappointing and temporary and I have learned to prefer the veratrum. If one dose of the veratr. fails to control the spasms or reduce the pulse to nearly the normal, repeat it in an hour in same or smaller dose. I have not found it necessary to repeat the dose often. It is claimed by writers that if the pulse beat is brought to and kept at about sixty the spasms will not recur. This has been my experience. Under its use the skin becomes bathed with a profuse perspiration, the pulse slowed, made soft and compressible and the patient entirely relaxed and restful. This is eminently a Southern treatment and has been for many years. Only in the past few years has the remedy gained the consideration it has

deserved at the hands of the Northern physicians and press. Parven mentions the fact of its introduction to use in this class of cases by Dr. Barker, of Eufaula, in 1859, and the claims of its successful use by the profession, mainly in the South, but seems to have had no personal experience with it. It is hardly known in Europe. Lusk refers to the claims made for the drug, "that it is quickly absorbed and enters the vaso-vasorum, and through them impairs the sensibility of the vaso motor nerves, the blood vessels thus loosing their tonicity and power of contraction," which he concludes to be good argument for its use if its safety can be established.

If it is desired to keep the pulse rate lowered, this can be accomplished by smaller doses if the patient can swallow, by the mouth, at intervals of every two hours. I do not consider the remedy void of danger. As all vigorous remedies it should be used with due caution. The depressing effects as a rule are readily overcome by stimulants, and the nausea by morphia. I had occasion to see a patient in convulsions from whom I had extracted a liberal amount of blood some eight hours before, and but temporary good had resulted. I had read of the value of veratrum in large doses and thought I would try it. I injected ten minims hypodermically. In thirty minutes my patient's respiration had reduced to about three per minute, and pulse a mere quiver at the wrist. I had hard work for two hours to bring about a reaction. She had no more spasms and made an excellent recovery. I don't want to try that experiment again. Another advantage in the use of veratrum is that it does not hinder, but increases elimination—a result so much to be desired in these cases. Should it be used in every attack of eclampsia? There might be conditions of circulation that would cause me to rely upon what I consider the next best remedy and that is chloral. Chloral has done me valiant service given in doses of forty grains in milk as an enema, and repeated in an hour or two as indicated. But don't carry this remedy too far, lest you add by the depression and narcosis to the dangers already present from coma and exhaustion. To allay the intense headaches after the convulsions an occasional dose either with or without bromide pot, meets the indications fully.

Hastings Tweedy, of Dublin, is strongly opposed to chloroform and chloral as a treatment. He says "all these, acting as powerful cardiac depressants, kill in precisely the same manner to that of the eclamptic poison—by heart failure and oedema of the lungs. He recommends large hypodermic doses of morphia, beginning with half a grain, followed in two hours by one-fourth grain and so on until the symptoms have been alleviated, or two grains have been taken in twenty-four hours. No other drug has as great an inhibitory effect on metabolic changes; it is a nervous sedative and diminishes salivary and bronchial secretions, and from these various actions counteracting those conditions which tend to kill." I have used morphia, and morph. combined with atropia, and in certain very weak, anemic cases, there seems to be arguments in giving it a preference, but I have long since learned that no medicine in the materia medica so completely paralyzes the excretory functions as opium and its derivatives; and the longer I practice the less I am using them. Not that their place can be taken by anything as pain reliever, but the deleterious effects following their use makes it necessary to commence at once to combat them. You can draw the contrast easily between these effects in the two remedies—*veratrum* and *morphia*.

I should have mentioned that when the convulsive symptoms are threatening the use of chloroform inhalations will be of temporary benefit. Some lay great stress on its use, but since I have learned to rely on *veratrum* I don't have to trouble about the chloroform.

If you are prejudiced against the use of *veratrum*, or you are depending on other measures to hold the spasms in abeyance, and at same time want to encourage elimination by the skin, and help to relax and quiet your patient, the hot bath as recommended by Davis is excellent. "The patient is raised upon the sheet on which she lies, and her body placed in a tub of water at a temperature of 90 degrees, sufficient ground mustard to redden the patient's skin should be thrown into the water, and the temperature of the bath should be raised rapidly until the tolerance of those whose hands are in the bath has been reached. If symptoms of heart failure present themselves, *digitalis* may be given

hypodermically, while the patient is in the bath. The patient's skin should also be rubbed, and when thoroughly reddened she should be taken from the bath upon the sheet, a blanket wrapped hastily about her, and laid upon a bed covered with a rubber blanket. Woolen blankets should then be added in abundance, with hot cans at the feet and about the thighs, and soon the perspiration will become profuse."

Supposing that by some of the measures here mentioned you have, at least, temporarily, controlled the spasms, you want to favor elimination by the bowels and kidneys, which result is so essential.

Nothing equals the effect of calomel here. Give in a full dose—say 10 grains with soda-bicarb., and assist action in an hour or two by enema. But if symptoms are very urgent, the placing of a drop or two of croton oil, or 1-8 to 1-4 gr. of Elaterium, rubbed up with a little fresh butter, may act more promptly than calomel. If there is danger of heart failure the hypodermic use of strychnine and digitalis is recommended, and rectal injections of alcohol and stimulants with milk or beef tea.

Injecting normal salt solution has been recommended as a remedy of value in not only relieving the paroxysms, it is claimed by its effect on the toxins, but especially useful where there has been much hemorrhage.

The question of forcing labor again confronts us. As the convulsions usually cease after delivery such a consummation is to be devoutly hoped for. When the womb is dilated or easily dilatable the forceps may often be used to advantage. The forcible dilation of the os is a procedure which will add materially to the reflex excitability of the general nervous system, and the danger attending it must be carefully weighed. Dr. Grandin and others claim to be able to dilate the os with the hand and effect delivery within the space of half an hour, and that without special danger to the mother or child. He condemns delay, especially if full term has been reached. In two cases under my control the convulsions ceased without labor being induced. One patient was six months pregnant; the other six and a half. They regained consciousness quickly after the spasms ceased, and there

seemed to be no urgent cause for interrupting pregnancy. One was delivered in ten days of a dead foetus; the other in fourteen days. Both mothers made good recoveries. Forceps were used in two of my thirteen cases and version in one. The duty of surgical or forceful interference must be left to the individual judgment.

The management of these cases after delivery and relief require more than ordinary care. The use of eliminants and tonics are usually indicated. I have noticed a strong tendency to sub-involution, especially in mothers who do not nurse.

It is not possible in a paper, limited as is this, to bring to your consideration every remedy and method of management recommended. I have endeavored, though imperfectly done, to bring in review the latest theories as to cause, and to my mind the latest and most approved methods of treatment and management.

A Case of Poisoning with Aloes.

The Progress Medical for April 24th contains the following account of a curious case of poisoning which occurred at a fair in Paris: A man was selling a yellow powder which he said had the property of causing those who took it to make faces. A number of inquisitive persons gathered around the man, who then proceeded to make experiments while advertising his wares. He threw a pinch of the powder into a glass of water and then asked some one present to drink it. A young boy stepped forward and drank the contents of the glass. He repeated the experiment twice without expressing the least repugnance in his face, but suddenly, almost before the third glass was emptied, was seen to stagger and throw himself on the ground in great pain. The people gathered around the boy, and the man, seizing the opportunity to make his escape, ran away, leaving his basket of wares behind him. The boy was taken to a hospital, where, owing to prompt and unsparing attention, the physicians hoped to save his life. The basket was seized and taken to the municipal laboratory for analysis of the contents. On the same day the police arrested another man who was selling a brown powder which he said was pulverized aloes.



CORRESPONDENCE

NEW YORK LETTER.

The conditions in New York are probably more favorable than any city in the United States for a clinical school. The clinic material is abundant, representing, also, a great variety of diseases. While this material generally comes from the slums of New York it nevertheless serves a good purpose. The student has an opportunity of examining in a more thorough way than he would if he were at home looking after his patients. This applies more especially to young physicians, of course. When one has been practicing for years in a neighborhood and his patients have absolute confidence in him, he can examine them in any way he chooses.

The Polyclinic has some able men at the head of it. It well deserves the patronage of those who wish to take a post graduate course.

Dr. Goffe claims that dysmenorrhoea is a condition in which the uterus is not developed. He, therefore, recommends measures that will improve the circulation through the pelvic organs. In the case of an unmarried woman he relies almost entirely on remedies of this kind, horseback riding being one of the very best things to meet this indication. In horseback riding we not only get an improved condition of the circulation in the pelvic organs, but we also get exercise in the open air which is a very valuable adjunct to the treatment. Gymnasium exercise is also recommended. Among the most common causes of this lack of development is over work in school. The girl can be classed

with the boy, and do as much work or more, until she begins to merge into womanhood. She should then have special care; diminish her mental work, and in this way give her pelvic organs a chance to develop. This is certainly a common sense view of the matter. Dr. Goffe also claims that there is no such thing as an anteverted uterus in a pathological sense, and should, therefore, be eliminated from the text books on gynecology. He takes the position that this is the normal position of the uterus.

In removing malignant tumors of the breast all of the glands in the axillary region are cleared out. The pectoralis major and minor are removed if they show any signs of infiltration. Great precaution is taken in this way to prevent a recurrence of the disease. It is worthy of note also that those cases in which the pectoralis major and minor have been removed, the patient, after a time, acquires fairly good use of the arm and shoulder.

There is difference of opinion in regard to closing the abdomen after a laparotomy. Some close with a single row of silver wire sutures, taking up everything with one sweep of the needle; others use one row which goes through all the tissues and in addition a row of fascia sutures which brings the linea alba together. I do not know of any surgeons or gynecologists in New York who close the peritonaeum separate from the other structures.

Dr. Wyeth did an amputation below the knee in which he did not ligate any of the blood vessels. The hemorrhage was controlled principally by elevating the stump. He did not advise that method but in this particular case the object was simply to show the advantage in position, where we suspect hemorrhage after an amputation.

T. A. CASEY.

New York, April 6, 1897.

Selected Articles.**OBSERVATIONS ON LEUCORRHOEA, PRURITUS AND GON-
ORRHOEA OF THE FEMALE.**

BY J. D. ALBRIGHT, M. D.,

AKRON, PA.

As civilization advances, as progress is made in the emancipation of woman and the equalization of the sexes, the physician is the more frequently consulted regarding certain diseases of the female sex, than was the case formerly, when ignorance and false modesty held sway, and women suffered in silence.

Prominent among these are leucorrhœa and pruritus, two painful, weakening and exceedingly unpleasant diseases which frequently go hand in hand.

Leucorrhœa exists, or did at one time, in fully 50 per cent. of our women. Wealth and splendor possess no bar to its entrance, it attacks the rich and poor alike. The woman of leisure is even more apt to be afflicted with it than her humble domestic, but all in their characteristic manner, in a measure endeavor to keep the fact from the attending physician. As said, however, this condition seems to be undergoing a change, and these cases are daily becoming more frequent to the family physician.

Many physicians also, I have reason to believe, are more or less derelict in their inquiries regarding the condition of their female patients in this respect, and should make it a point, whenever practicable to ascertain the truth of their condition. Knowing the hesitancy with which the majority of ladies touch this subject, and as a rule expect the physician to put the question in such shape that a monosyllabic answer will be sufficient to open the subject, he should use due diplomacy in doing so. Leucorrhœa is capable of producing a multitude of ills, due to the depressing and weakening effect on the life giving fluid, the blood. The irritating action of a severe leucorrhœa produces profuse loss of the white blood corpuscles, and in that manner is productive of any condition, depending on a full supply of them.

We may reasonably suspect and inquire for its existence whenever we are called to treat a case of nervous prostration, chronic

headache, abdominal pains and tenderness, constipation liable to syncope or dysmenorrhoea.

We must also bear in mind that only a small per centage of these cases are purely vaginal leucorrhoea, and that many are dependent upon uterine or cervical disease, which will have to be treated properly, before we can expect positive results. It is, however, also true that even when uterine disease does exist, the irritating discharge can and does produce secondary effect on the vaginal mucous membrane, and we have a true vaginal pathological condition, which will not by any means subside, even if the uterine or cervical disease be eradicated.

One of the most troublesome cases I was called upon to treat was one of ever and recurring liability to faint, in a lady who formerly had an attack of endometritis, which had been entirely cured, but which left a stubborn leucorrhoea in its wake.

The curing of this latter trouble has made my patient strong, and entirely removed the fainting tendency.

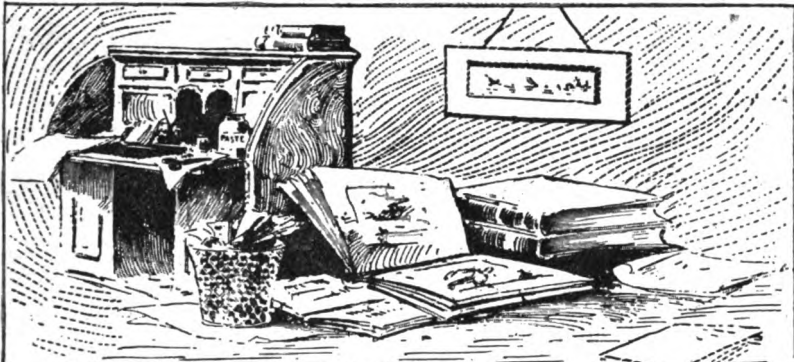
A common concomitant with leucorrhoea is pruritus.

Those who have treated these cases know that I do not exaggerate when I state that there are few diseases or conditions that cause the practitioner more annoyance. In a severe case of the combination of these two affections, after I had exhausted almost the entire materia medica, without more than temporary relief, I found an excellent remedy in "Tyree's Antiseptic Powder," which gave immediate relief and resulted in permanent cure.

This remedy is all I now "carry" for either leucorrhoea or pruritus, and I have the satisfaction of knowing that with it I have never failed to cure a case along with such other constitutional treatment as the different cases required.

In several cases of gonorrhoea of the female which recently came under my care, the powder above mentioned was my only remedy.

I used in these cases in the same manner as the foregoing, with the exception that I advised its use three to five times daily. In the cases of leucorrhoea and pruritus I used one teaspoonful of the powder to a pint of warm water, used with a fountain or bulb syringe, preferably the former, twice, or in very troublesome cases, three times a day.



EDITORIAL

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The American Medical Association.

The semi-centennial meeting of the American Medical Association which will be held in Philadelphia on the 1, 2, 3 and 4 of June, 1897, bids fair to surpass in the character of the entertainment, the scientific papers and the number in attendance any meeting which has heretofore been held. The committee in charge have been able to obtain large and roomy places of meeting for the general meetings and the section meetings, all within a single block and within very short walking distance or immediately adjacent to the largest and most comfortable of the Philadelphia hotels.

For the week preceding and following the meeting the committee of arrangements have also arranged for clinical courses which will be open without charge to all physicians who may visit the city at that time. These courses cover every branch in medicine

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and its specialties and will afford visitors the opportunity of seeing the active clinical work of all the great teachers of Philadelphia, which is now, as it has been for so many years in the past, in every respect the medical centre of the United States.

Selma Meeting of the Association. April 20-24, '07

The Medical Association of Alabama, which assembled in the beautiful city of Selma the 20th of last month, was in many respects the most important meeting in the history of the Association. The attendance was large, the papers read were of a high order, all those who read papers showed that they had given the subjects which they presented for consideration much careful thought and study. Most of the papers read elicited considerable discussion, and all in all the scientific work of this session was unusually good. Every physician, we are quite sure, who attended this meeting, returned to his home feeling that he had been well repaid for the time and money expended.

The city of Selma, being near the center of the state, and having good railroad facilities, making it easy of access from every part of the state, caused many to attend this meeting who perhaps would not have otherwise been in attendance. The social features of this meeting were in keeping with what others who had attended the former meetings of the association in Selma had cause to expect. The Selma people cannot be surpassed in their splendid hospitality, especially when they have an opportunity of entertaining the doctors of the state of Alabama.

The banquet given by the Dallas County Medical Society on Wednesday evening at the Hotel Albert, was attended by about five hundred people, not less than one hundred ladies being present. The after dinner speeches were in the main an enjoyable feature, each speaker was limited to three minutes(?) The committee of arrangements and the committee on entertainment deserve much credit for their efforts to make their guests have a good time. The banquet would have done credit to any city or any people.

One of the happy features of this meeting was the unanimous decision by the association to erect a monument to the memory

of the late Dr. Jerome Cochran. It will be remembered that the Age in the first issue after the death of this distinguished physician and philanthropist, suggested and insisted that the members of the medical profession and the people should build the monument. Mr. McCloud, one of Selma's able and most eloquent lawyers, on the evening of the memorial services, in an address said, after commenting upon the work done by Dr. Cochran, in organizing the medical profession, and preventing the spread of contagious diseases, the people of Alabama owed him a debt of gratitude which, if they were required to pay would bankrupt the state. Dr. MeeKnon, in his address of welcome, called attention to the fact that it had been suggested that a monument be built, and assured the association that the citizens of Selma would contribute liberally. Dr. Toole, in his annual address, recommended to the association the building of the monument to the memory of Dr. Cochran. The board of censors in their report recommended the building of the monument, and as above stated, the association by unanimous vote decided to do so. The following committee was appointed to take the work in hand: Drs. Benj. J. Baldwin, W. H. Sanders, and Dr. Seeley.

The Selma Times, speaking of the last day's meeting, says:

"The doctors adjourned at 2 p. m. yesterday and departed for their homes on the evening trains. The meeting was one of the best and happiest in the history of the association, so said the visitors. The whole interest yesterday centered in the selection of the next place of meeting and in the election of officers.

"Birmingham was selected for the next place of meeting, and the following officers were elected:

"President—Dr. L. L. Hill, of Montgomery.

"Senior Vice-President—Dr. John C. LeGrand, of Anniston.

"Junior Vice-President—Dr. E. L. Marechal, of Mobile.

"Counsellors for five years—Drs. Seeley, of Montgomery, and Sanders, of Mobile, both succeeding themselves.

"Councillor to fill the unexpired term of Dr. Jerome Cochran—Dr. J. P. Furniss, of Selma. Dr. Furniss was appointed by President Toole to fill the vacancy until the next annual meeting of the association, and his election by the association was unanimous.

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"Orator—Dr. W. W. Harper, of Selma. Alternate, Dr. G. S. Chapin, of Birmingham.

"Dr. Toole made a graceful speech in relinquishing the chair, and introducing his successor, Dr. Hill.

"Each of the newly elected officers were conducted to the platform, and in short speeches expressed their appreciation of the honor done them, and pledged their best efforts in behalf of the association.

"An adjournment was then taken, and there was a general hand shaking and saying of good-byes.

"Selma has enjoyed the doctors and it is quite certain that the doctors have enjoyed their stay in Selma."

Some Practical Points in Surgery.

At the recent meeting of the State Medical Association of Alabama, held in Selma, Dr. John D. S. Davis, of Birmingham, who was one of the regular reporters and on the programme to read a paper upon the Present Status of Surgery, discussed instead a few things which as a rule should not be done.

His first proposition was that a cholecister-enterostomy should not be done as a primary procedure.

Second that a colpuryster should not be used in an epicystotomy.

Third, that a plaster paris dressing should never be applied on a primary dressing in fractures without being cut at time of application, and when so cut was the best possible dressing in all fractures.

The doctor's experimentations upon the ducts and gall bladder were to demonstrate his proposition that a cholecisterenterostomy should not be done as a primary procedure, and he exhibited specimens of the gall bladder and ducts upon which he had operated in his experimentations. The first specimen showed had been removed twenty-one days after the cystic duct had been ligatured with kangaroo ligature, and the gall bladder drained as in an ordinary cholecistostomy. The bladder had closed, the ligature had disappeared and the duct opened.

The second was a case of ligation of the common duct with

drainage as in the first case. The dog was killed on the twentieth day and the specimen showed the ligature partially absorbed; the duct sufficiently open to allow bile to pass—bladder was not closed.

Dr. Davis said, while he had not experimented on the bladder and ducts of dogs enough to establish beyond question or doubt the correctness of his first proposition, he felt sure that in a very large majority of cases of obstructions of the ducts relief may be secured by a removal of the obstruction and drainage of the bladder and ducts in the way his brother, Dr. W. E. B. Davis, suggested in a paper read three years ago before the American Association of Obstetricians and Tyceanologists—tube drainage of both bladder and ducts with gauze protection.

The proposition that the rectal bag should not be used in epicystotomy was clearly established by the report of a number of cases where injury had been done the rectum by over distention and incision of the bladder out of the median line on account of the displacement produced by the bag. He said when it becomes necessary to lift the bladder an assistant should oil the index finger of the right hand and introduce it well into the rectum and lift the bladder as desired.

In support of the proposition that the plaster of paris dressing is not complete until cut, and when so cut is the best universal fracture dressing, he exhibited a number of specimen dressings made from the plasters of Johnson & Johnson as a proof of its adaptability, durability, applicability, ventilation, lightness and cheapness.

In fractures of the extremities, Dr. Davis does not use the flannel roller, but instead he lays a strip of cotton bandage along the limb, on the side the plaster is to be cut, and draws over it a close fitting stocking or glove (cheap cotton stocking or glove that may be had from any dry goods store—the thinner the better), and then applies the plaster of paris bandage over the stocking the thickness desired. After rubbing well to fit the contour of the limb, he cuts while soft, using the bandage or bandalet beneath the stocking or glove as a guide to prevent cutting the skin. The small blade of an ordinary pocket knife may be used

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to cut the plaster and stocking while it is pulled up from the limb by an assistant by means of the strip of cotton bandage.

In fractures of the femur he puts on the patient an ordinary seamless knit suit—such as is worn by ladies—cutting it off at the ribs—a strap of bandage extending beneath the suit on the outside of both legs. The plaster is then applied to the entire limb on the fractured side to and including the pelvis, and on the other leg to the knee. On the fractured side the plaster is cut from the foot to the trochanter major and on the other side it is cut all the way from the knee to the ribs. A light bandage should be run over the plaster to hold it secure until well dry, when bandalets may or may not be used to keep it adjusted.

He said in concluding the discussion of this question that the plaster of paris dressing was superior to all other fracture dressings in giving uniform support to the fractured bone; affords perfect ventilation; conforms perfectly to the contour of the limb, yielding perfectly to the swelling limb without impairing its supporting qualities or in any way destroying its integrity; moisture from perspiration does not weaken it, and though in continuous use, it remains absolutely competent; takes up but little more room than an ordinary undergarment; is adaptable to every fracture; is the best aid in the application of bridges, reach-splints or supports—for the head, knee or elbow, and meets every indication in the treatment of the poor—cheapness and applicability.

The Charge to the Graduates.

At the recent commencement exercises of the Medical College of Alabama, Prof. H. A. Moody, M. D., delivered the following to the graduating class:

Gentlemen: I am commissioned by your alma mater, the Medical College of Alabama, to deliver to you the final charge with which she dismisses you from her control.

When a young man is about to leave the shelter of his boyhood's home, to begin, upon his own responsibility, the battle of life, he is fortunate if he has a good, sensible mother who will mingle words of caution and advice with her blessings and farewells. Wherever he may go, whatever may befall him in the fate

ful future, he knows full well her heart will be ever faithful to him. She will grieve or triumph in his failures or successes as will no other earthly being. With him not only go her hopes and prayers, but the honor of the name she bears is inseparably linked with his own.

This hour in which you leave your alma mater, the "bountiful mother" of your professional existence, bears a close resemblance to the parting I have briefly described. You are her sons. She has reared and fostered your intellectual growth from the immaturity of untrained youth to the full stature of manhood, giving you all she had to give, freely, honestly, and without reserve. From her you pass, with her seal and imprint upon your minds and characters, out into the great, watchful, critical, censorious world, bearing with you not only your own fortunes, but hers also; for in your professional lives you will achieve her glory or her shame.

It is eminently proper, therefore, tonight that, as you stand proud and happy upon the threshold of life's possibilities, your alma mater should express to you, through an official mouthpiece, sincere congratulations upon your acquisition of an honorable title, and her hope and confidence in your future; and if with those expressions there mingle a hint of caution and a word of advice, they are not prompted by doubts of your abilities or characters, but by a deep and earnest interest in your future welfare that will never cease to follow you.

The title of "Doctor of Medicine" is one of the most honorable that can be acquired. It is one of the very few degrees that are never conferred except for work actually accomplished, and represents a variety, an extent, and a thoroughness of intellectual acquirements that are demanded by no other profession.

Be proud of it, therefore; cherish the lofty sentiments of professional brotherhood it inspires, and maintain forever sacred and inviolate the honor of your profession, of your alma mater, which are henceforth in your keeping. Remember that it is sometimes difficult to keep in the right path, for that path is single, while easier roads and more alluring avenues open out on every hand. Along their deceptive vistas gleam temptations that appeal to every passion. Sometimes the glare of successful

quackery dims the modest ray that leads you along the path of rectitude. The poison flowers of dissipation will ever be ready to beckon you astray and wreath your brows with their fatal garlands. More deadly still are the seductive smiles of those whose charms allure but to degrade. Indeed it is a wilderness of insidious errors and seductive dangers through which our straight and narrow road leads to a useful life and an honorable name. Few there are who do not sometimes go astray, only through toil and pain to regain their chosen path, with rents in their robes of honor, and stains of filth upon their feet. Many fail to return, and lapse into a merciful oblivion.

We read, in ancient fable, of a youth who sought to slay the Minotaur; a bloody, mongrel beast that hid in the mazes of a labyrinth. No human foot had ever emerged from those crossed and angled paths, for they led to no destination and no escape, but enticed the wanderer on, and on, until he died from hunger and fatigue. But this brave youth entered the labyrinth with swift and fearless steps, and sought the monster and slew him, and returned to light and life in triumph. The secret of his safety was a spool of silken thread, one end of which was held by friendly hands outside the labyrinth, while the bold Theseus carried the spool, unwinding as he went the silken clue that would surely guide him back again. To-night your alma mater offers you such a clue; one that will surely guide you to safety through every maze of doubt, or difficulty, or danger.

So long as you follow it, it will lead you to safety. Without it you are lost, like aimless stragglers in an endless labyrinth. That clue is Duty. Duty! The guiding star that shines o'er every sea. Duty! The light that ever beckons upwards. Duty! The compass that in the darkest night will tell you where the sun will rise, and which way lies your goal. Be this your motto, your watchword, your inspiration. Duty! You owe it to your profession. It will lead you to guard its interests, to upbuild its societies, to labor for its organizations, to aid and protect even its unworthy members. You owe it to humanity. It will inspire you to spend yourselves for the relief of suffering, to guard men and women against their weaknesses, aye, and sometimes against

your own; to labor day by day and year by year to increase your knowledge that you may increase your usefulness; to serve God's poor and lowly as freely as you serve man's rich and great. Duty! You owe it to yourselves, for the sake of the names you bear, the profession you represent, and the college that vouches for you.

Take, then, this final charge. Whether in the calm routine of daily work, or in the stress of emergency; whether alone, or watched by friendly or by hostile eyes; do your whole duty, fearing only God, and trusting in His omnipotent right hand for your justification.

This is your alma mater's final charge.

The Value of the Microscope.

Dr. Cunningham Wilson in his paper read at the recent session of the Medical Association of Alabama, and entitled "The Value of Bacteriology in the Diagnosis and Treatment of Disease," dwelt particularly on those practical facts of the subject which are generally spoken of as clinical microscopy. The Doctor was eloquently urgent and insistent that we have now for the first time means by which we can accurately diagnosticate such diseases as malaria, typhoid fever, diphtheria, consumption and dysentery. That plain as these truths are, and in face of the fact that the leaders of the profession are daily making use of them, and that we have no other means to compare with them, the great bulk of the medical profession are still not availing themselves of these simple, cheap and effective aids. He warned the younger members that a great change is coming, that the better class of schools are turning out an ever increasing army of young men armed with microscopes, before which old inaccurate methods must go down. He encouraged them with enticing pictures of what success they would meet with and how their entire conception of the practice of medicine as a rather dull sort of an art would be reborn as a most interesting science.

He averred that from now on the young practitioner will not have to wait for a practice until he can exhibit those supporting

concomitants of wisdom—baldness and gray hairs, if he is up in the use of the microscope.

The paper said, in effect, that as vice was always ready to pay to virtue the homage of imitation, so the success of the antitoxine treatment of diphtheria had encouraged shallow pretenders to offer high priced but worthless cures for tuberculosis; pretenders who are utterly obscure to the world of bacteriology, and would be to the general practitioner except for their clatter.

The Doctor closed by again urging the young men to take up this study; that it did not take much money nor time to get a start.

It was a notable fact that in the discussion of this paper (and it was well discussed and attended to) that all who spoke upon the subject but added their testimony and endorsed the subject matter in toto.

The "bug theory" scoffers and humorists who have heretofore attended our meetings in force were very conspicuous by their absence.

This paper is, we are sure, no mere cud to ruminate, but a startling fact, a bugle call, that makes an epoch in the practice of medicine in Alabama.

Importance and Treatment of Endometritis.

W. F. Carr (Virginia Med. Semi-Monthly, January 8, 1897) attempts to explain why it is that some cases of endometritis lead to serious inflammation of the uterine adnexa, while in others the Fallopian tubes are little, if at all, affected. He believes that the danger is regulated by virulence of the germ and the degree of obstruction in the cervical canal. In the non-puerperal uterus the risk of the inflammation spreading to the tubes is little save when the cervical canal is obstructed, or the infection gonorrheal in nature; and, even in the latter case, it is probably the marked swelling of the cervical mucosa induced by the monococcus that leads to the tubal extension. With regard to treatment, Carr would attend first to the general health and then employ local means, among which he regards drainage of the uterus as the most important. Gauze drainage is "worse than useless," and the Outerbridge silver drainage tube is to be preferred. The vagina must be kept aseptic by tampons saturated with glycerine and iodine.



The Action of Antitoxin.

Ehrlich (*Fortschritte der Medicin*, January, 1897) considers that the action of antitoxin might be more usefully studied by test-tube experiments than by experiments with the complex living organism. The action of diphtheria antitoxin was regarded at first as a destruction of the poison, but this is disproved by the fact that in a "physiologically neutral" mixture of toxin and anti-toxin these two constituents are found to be present unaltered. Two other views have been advanced: (1) That the toxin and anti-toxin these two constituents are found to be present unaltered of fixation in the tissues and therefore the toxic effect is lost; (2) that the action of antitoxin is indirect—that is, it acts on the living cells and in some way renders them immune to the action of the toxin. Ehrlich has made some experiments with ricin, the toxalbumen of *ricinus communis*, which Kobert has shown to produce a peculiar coagulation of the blood, whether in the living body or outside. Immunity to the action of this toxalbumen can be obtained in certain animals by formation of an antiricin. The coagulation is proved to be a purely chemical phenomenon, not a vital reaction. A mixture was made of 5 c. cm. of rabbit's blood in 95 c. cm. of weak solution of sodium chloride, with a little sodium citrate; on adding to this mixture 1 c. cm. of a 2 per cent. ricin solution coagulation occurred at once. On adding anti-ricin in increasing quantities, starting with 0.3 c. cm., together with the ricin, coagulation is delayed slightly or considerably or prevented altogether, according to the amount of antiricin added. To make the analogy between this phenomenon and the action of diphtheria antitoxin more complete mice

were injected with ricin combined with various doses of antiricin, and it was found that the effects of the ricin could be regulated from a vital result to complete absence of symptoms, according to the amount of antiricin injected. These experiments would favor the view that the action of diphtheria antitoxin is a purely chemical not a vital phenomenon.

Sweating Typhoid Fever.

Jaccoud (Sem. Med., February 10, 1897) calls attention to a form of enteric fever known as "*fièvre typhoïde sudorale Italienne*," or shortly, "*typhoid sudorale*." Two forms are described: (1) The typical form met with chiefly in Southern Italy, especially Naples. The onset is sudden, with violent retro-orbital and occipital headache and rigors. Rigors are followed by a hot stage, and then by sweating, these stages being repeated daily, as in quotidian ague. The temperature may rise to 140 or 160 degrees Fahrenheit. This initial intermittent stage lasts, as a rule, eight days. (2) The mixed form seen chiefly in France. The initial stage is variable. Headache usually precedes the onset of fever, which is of a subcontinued and not an intermittent type. Sweating is not present at first, but when established is just as profuse as in the typical form. The tongue remains clean during the whole illness. In both forms the initial stage is followed by three weeks of remittent fever, accompanied by daily attacks of sweating, which correspond to slight elevations of temperature, and are generally preceded by shivering. In the third period, lasting a week, the daily paroxysms become less and less marked, and the temperature falls. Thus the total length of the fever in both forms is five weeks. The patient has not the enteric facies; on the contrary, the expression is animated, recalling that of measles, especially as the eyes are red and watery. There is no diarrhoea. The bronchi and lungs are not affected. There are no cerebral symptoms, and the patient does not fall into a "typhoid" state. Rose spots as in ordinary enterica may be absent. The sweating, however, is extremely profuse, and may continue for some days after the fever had ended. There are practically no complications or sequelae. Albuminuria is

very rare, and perforation unknown. Hemorrhage if present is always slight, causing no fall of temperature. No case has ever ended fatally. The diagnosis is usually easy. The complete uselessness of quinine distinguishes it from malarial and typho-malarial fevers. In influenza the initial pain is not limited to the head and neck. The absence of eruption on the head and neck distinguishes it from measles. The treatment consists of rest in bed and a strict milk diet. Quinine should be given only at first and for diagnostic purposes. Antipyrin and salicylate of sodium have no effect, and should not be given. Every kind of antisdorific has been tried and has failed.

Ichthyol in Gynæcology.

In the *Journal de Medecine de Paris* for March 28th Dr. Lorain publishes an account of his experience with this drug in his private practice, with a description of his mode of treatment, and the results he has derived from it, as follows: 1. Ichthyol, employed as a vaginal application and in inunctions on the abdominal wall, has an analgetic action which shows itself from the first application. This action is never absent, and becomes more pronounced if the treatment is persevered in. 2. To the purely symptomatic and subjective effects may be added its antiphlogistic action. The numerous cases in which his treatment was employed by the author differed greatly as regarded their gravity and the duration of the affection, so that the results obtained were not always identical. In a general way, under the influence of repeated ichthyol applications during a variable period, inflammatory lesions of the annexa, of the peritonæum, and of the pelvic cellular tissue had a marked tendency to resolution. The annexa diminished in size and regained their mobility, and at the same time they became less sensitive to pressure. The pelvic exudations became absorbed and the vaginal vault gradually regained its normal flexibility. In cases of slight or medium intensity, but recent, recovery was nearly always obtained in from three to four months, without being obliged to resort to any other mode of treatment; the patient was also able to keep up her daily occupations. In the graver cases which

were complicated by acute or subacute attacks of inflammation of the peritoneum of the annexa, a very marked amelioration was always obtained by employing revulsion on the abdomen and rest in bed in addition to the ichthyol treatment. In old salpingo-oophoritis complicated with sclerous annexal peritonitis intravaginal compression practiced with saturated ichthyol tampons associated with massage, gave excellent results. 3. Among the patients observed by the author there were many who suffered from an inflammatory lesion of the neck of the uterus, and some presented symptoms of erythrit; these patients appeared to be greatly benefited by the application of ichthyol. 4. Administered by the digestive tract, ichthyol favored the digestive functions by its tonic action on the stomach; it raised the arterial tension, and thus contributed to favor the absorption of the pelvic exudations.

Dr. Lorain concludes that, on the whole, ichthyol, owing to its analgetic antiseptic, antiphlogistic, and resolvent action, may render real service in gynaecology if its employment is judiciously associated with other therapeutic measures, according to the indications.

Adaptation in Pathological Processes.

This was the subject of Dr. William H. Welch's presidential address delivered at the recent meeting of the Congress of American Physicians and Surgeons. He described adaptive processes as those causing some sort of adjustment to changed conditions due to injury or disease. Physiological adaptation was a striking and familiar phenomenon full of purpose. In the existing order of nature, the mechanical theory was our only working hypothesis in biology. Physiological adaptation by organic evolution gave the key to the study of pathology.

Compensatory and adaptive manifestations resulted from energy acting upon living matter. The final result did not influence the chain of events. A mechanical explanation of the process must be sought for. Pathological adaptations had their foundation in physiological processes, but the former were decidedly imperfect. They were divided into compensatory hyper-

trophies, the regenerations, and the protective processes. Among the first work hypertrophies, as illustrated by cardiac hypertrophies, were especially important. Such resulted from changes in the individual cell, not from increased supply of blood or lymph. Cell properties determining the character of the pathological process were originally physiological properties.

Applying these conclusions to the study of inflammation, we found that this was an adaptive pathological process without special fitness justifying extravagant statements recently advanced for it. In general the healing power of nature was overestimated. In the light of modern knowledge there was ample scope for the intervention of the physician and surgeon.—*New York Medical Journal*.

Multiple Sarcomata in a Child.

In the case of a child 2 years old, presenting itself at Dr. Eshner's clinic, with tumefaction of the right knee, a bulging prominence at the outer canthus of the left eye, another in the left temporo-frontal region, a third in the right mastoid region, and also enlargement of the liver and probably of the right kidney, a diagnosis of multiple sarcomata was made and a fatal prognosis given. Not to neglect even the possibility of a doubt, however,unctions of mercurial ointment, together with potassium iodide, in doses of two grains thrice daily, and, for the relief of pain, small doses of sodium bromide, chloral and morphine, *p. r. n.*, were prescribed.—*Philadelphia Polyclinic*, Vol. 6, No. 14.

Treatment of Tuberculosis.

As important a subject as this has always been, never in the history of medicine was there a more hopeful outlook for the near approach of the time when we may make favorable prognosis of cases of tuberculosis that are not far advanced. Here and there, it is true, have there been records of cure by outdoor air and exercise, the use of tonics and reconstructives. But since Koch announced the results of his experiments with tuberculin, every detail of successful treatment has undergone minute scientific review, until now we are forced to confess that a way

has been blazed that promises a successful issue. More importance than ever has been given to the doctrines of contagiousness of the disease, until at length we are made to know of its communication from one person to another. And, fortunately, this knowledge of modes of infection brings with their statement a knowledge of the laws of prevention. We have learned, too, that along with the use of certain agents—such as beechwood creosote, guaiacol preparations, etc., and the long list of formerly approved reconstructives—there is an estimable value to be derived from resort to serum-therapy or some antitoxin that is to be evolved from the blood of the phthisic patient himself. “Anti-tubercle serum,” “tuberculocidin,” “antiphthisin,” etc., are all products that come near being the essential curative principle; while even in this very issue of our journal it is announced that in all probability Koch, after years of diligent study and experimentation, has reached the goal of the race. But, whatever such agent may be, it is being proven that consumptives should have special homes set apart for their treatment. It requires special attention to every detail in order to get the desired results. Besides this, these homes subject patients to such oversight and care as teach them the dangers of transferring the disease to healthy persons, as also of self-infection. Furthermore, the establishment of such homes is in keeping with the laws of certain communities, which call for segregation of the consumptives.

Fo. years past Dr. Karl von Ruck has been doing good work in his Winyah Sanitarium, Asheville, N. C. We have been interested from time to time in the reports of his plans of treatment; and now, with the able corps of associates and assistants which he has drawn around him, we may confidently expect that full investigation of the newer methods of treatment will be made, and reports given the profession through the medical prints. We take pleasure in calling attention to the advertisement of this “Sanitarium” on its proper page in this issue, and trust the profession will lend this established enterprise such assistance as will afford ample material for a conclusive test of the improved methods of treatment being brought out,

Fracture of the Penis.

A man in a very drunken state had a powerful erection, and without any cause or reason known to himself he with both hands bent it forcibly backwards. He was conscious of something giving away, and awakened with the pain. The erection subsided after a time, and the pain also, but he was very much surprised in the morning by the enormous dimensions the organ had assumed, and its color. He therefore hastened to the hospital. With the exception of the glans, the organ was swollen and of a dark violet color. On the dorsum was a painful thickening, when the surgeon suspected a rupture of the corpus cavernosum had taken place. The treatment consisted of rest in bed, cold compresses and lead lotion, and in fourteen days the normal color had returned, although the thickening remained almost unchanged. In six weeks the patient showed that, although a slight thickening still remained, no lasting injury had been sustained.—*Deutsche Medical Zeitung*, October 3, 1896.

Fruit as Food.

Arthur Elliot (*Dietetic and Hygienic Gazette*, No. XII, 1896), says the sugar and fruit salts, the nutritive principles of fruits, are not changed by cooking. Green, unripe fruit should invariably be boiled before eating. Man cannot live on a fruit diet alone without impairment of his nutrition—a mixed diet is at all times necessary. Fruits differ in their amount of nutritive material. The banana, date and plantain rank the highest in this respect, each containing enough nutriment to support life for a long period. The fact that many people cannot digest bananas is due to eating them before they have thoroughly ripened. The real reason why many people cannot digest fruits is because they do not eat them at the proper time. The poorest time, says the author, is at the completion of a meal, when they dilute the gastric juices and embarrass digestion. They should be eaten either at the commencement of or between meals. The author sum-

marizes a few of the uses of fruits as follows: (1) To furnish variety to the diet; (2) to relieve thirst and introduce water into the system; (3) to furnish nutriment; (4) to supply organic salts essential to proper nutrition; (5) to stimulate the kidneys, increase the flow of urine and lower its acidity; (6) to act as laxatives, (7) to stimulate and improve appetite and digestion; and (8) to act as antiscorbutics.—The American Medico-Surgical Bulletin.

A Tribute to Heroism.

We cannot pass without comment the recent tribute to the memory of two valiant and able physicians who sacrificed their lives during the yellow fever epidemic in 1877 in Fernandina, Fla. A stained glass window has just been placed in memory of them in St. Peter's church there, and never was such a tribute more well deserved at the hands of a grateful community. The physicians were Drs. Francis Preston Welford and James Carmichael Herndon, both of whom volunteered their services and moved to Fernandina to fight the epidemic. Dr. Herndon had already a few years previously demonstrated his courage and ability in a similar epidemic. The window was given by Dr. J. Baxter Upham, and if the people had added a monument they would not have lavished too much upon the memory of these fearless and able physicians. It is a rather remarkable fact that monuments are so often erected to men who have done so little in comparison to the great work of some of the great physicians, while the tributes to men in our own profession in our own especial line are so few as to be capable of enumeration in a very few lines. This may be due to the fact that the community remark the physician as simply doing his ordinary work, and yet however much he may be blamed for shirking or trying to escape his regular line of duty, when, as has so often been the case, he volunteers to go into the very midst of a death-dealing epidemic and contribute to the relief and recovery of the sick and suffering, he cannot be regarded in any light than a hero.—Gaillard's Medical Journal.

Editorial and Miscellaneous Notes.

At the meeting of the Medical Association of Georgia, held in the city of Macon April 21-23, the following officers were elected for the ensuing year:

President, Dr. J. B. Morgan of Augusta.

First Vice-President, Dr. L. G. Hardman of Harmony Grove.

Second Vice-President, J. L. Heirs of Savannah.

Next meeting will be held at Cumberland Island, April, 1898.

D. T. Hudgins, M. D., Elizabeth, Ark., says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* in leucorrhæe with very good results. I have had under my treatment Mrs. S., age 33 years, for leucorrhæe, with anteversion of the uterus. I used the White Extract per vagina as a local treatment for the leucorrhæe and the treatment was attended with success. I am satisfied that *Pinus Canadensis* should occupy a prominent position in our *materia medica*.

The Medical Association of Mississippi elected the following officers for the ensuing year: Dr. W. M. Paine, Aberdeen, President; Dr. J. A. Crisler, Canton, First Vice-President; Dr. R. E. Jones, Crystal Springs, Second Vice-President; Dr. J. R. Tackett, Meridian, Secretary; Dr. C. H. Trotter, Boue Chitto, Assistant Secretary; Dr. D. S. Humphreys, Erwin, Corresponding Secretary; Dr. J. F. Hunter, Jackson, Treasurer. The place of the next meeting is Jackson, and the time the third Wednesday in April, 1898.

The medical profession over in Georgia has been putting the screws to some of their members, and as a result the wail goes up from the offending and deposed members, that they did not have proper notice and did not have fair trial, etc. But in all Georgia the medical profession is clearing her ranks, and in political parlance, they are "turning the rascals out." The time is at hand when not only the standard of qualification should be raised in the medical profession, but the ethical and moral requirements should be emphasized.

One of the most pernicious practices prevailing in this country, and, to a large extent, in all civilized countries, is the habit of medicine taking. Many people are addicted to the habit of swallowing a drug of some sort for the relief of every physical discomfort which they may happen to experience, without any attempt to remove the cause of the disorder by correcting faulty habits of life.—Ex.

Volumes 1 and 2 of the "Mississippi Medical Record" are before us, a monthly journal edited by Dr. H. H. Haralson, of Biloxi. These numbers contain interesting papers and much well selected matter of special interest to the medical profession. We most cordially extend this new journal the right hand of fellowship and wish for it a successful career. Every State should have a medical journal, and every doctor in Mississippi should stand by Dr. Haralson and give *The Record* a liberal support.

There are no more courteous, wholesome, up-to-date doctors to be found in any city or community than those who look after the health of the people of the city of Selma. Drs. McKinnon, Furniss, Gay, Harper, Pitts, Ward, Kirkpatrick, Ritber especially endeared themselves to every visiting physician who attended the recent meeting of the Alabama Medical Association. Their untiring efforts to make any doctor feel at home and have a good time, and their uniform courtesy to every one added much to the pleasure and comfort of all the members of the association.

IMPERIAL GRANUM.

A prominent Vermont physician writing to thank *The Imperial Granum Company* for copies of their famous *Clinical record*, adds the following convincing words as to the merit of their product as a food for children: "I can show a baby that has been reared on—IMPERIAL GRANUM—after trying numerous other foods until he was reduced to a mere skeleton—that is now as tough and strong a boy of fourteen months as can be found anywhere."

It is my experience that the ideal sedative, the preparation that is the most potent in allaying the restlessness of typhoid

fever, pneumonia and other acute diseases, is that well known chemically pure preparation, Peacock's Bromides. It is head and shoulders over any mixture of commercial bromides—therefore I use it—it gives the best results. I also find it to be a sterling remedy in the nervousness of rum drinkers. The restlessness and nervousness attendant in acute diseases can usually be controlled by a few half teaspoonful doses. It is well worthy of a place in the armamentarium of every physician.—H. G. Reem-snyder, M. D., Ephrata, Pa.

I have prescribed Bromidia with pronounced success in several cases of Nervousness and Restlessness, and in one case of Acute Cystitis. I have combined Papine with Bromidia, which gave instant relief. Parenthetically, I may say I have personally used a teaspoonful of Bromidia after having successively lost several nights' rest and procured a refreshing night's rest with no bad after effects.

CHAS. E. QUETIL, M. D.

Philadelphia, Pa., February 23, 1897.

TONGALINE.

"This product of pharmacy has developed, therapeutically, into lines of pathology which have not been suggested in the original manifesto as given out by its authors. We have received reports reports of its satisfactory employment in two very important cases—one of nerve function in paresis. The latter case was very striking, seeming to respond promptly to the internal administration of the remedy. We look for great results from this preparation in the near future."—St. Louis Clinique, March, 1897.

MEDICAL SOCIETIES.

No man who ever attended a State medical society meeting could go home and truthfully say that it had not well repaid him for the sacrifice of the little time and money required. It is only those who never attend these meetings who have the audacity, and show ignorance enough, to say that it is time and money thrown away. It does pay. It broadens one's views to meet others and hear discussed subjects that are of importance to every medical man. It creates in one an ambition to learn, to study,

to progress, for these meetings show to even the most advanced that there are others who know more about some things than he does himself. It pulls one out of the rut that he has allowed himself to get in.—Ex.

DIABETES WITH PAINFUL MICTURITION.

It is with the greatest pleasure that I report the good results from the use of Sanmetto upon myself. I have been a sufferer for five months from diabetes, with great pain just before passing my water. From the use of two and one-half bottles of Sanmetto the pain was removed and the inflammation checked. I have prescribed Sanmetto several times since, and shall continue to do so.

J. N. STOREY, M. D., Hill, N. H.

AN ACROSTIC—LA GRIPPE.

A-ll the nerves gone on a bender,
N-ot an organ is exempt,
T-eeth and scalp and muscles tender,
I-cy chills the bones pre-empt;
K-aleidoscopic are the symptoms legion,
A-s they over-run the system,
M-aking life a weary region,
N-o one able to resist them.
I-s there nothing that will cure?
A-ntikamnia will, I'm sure!

Atlanta, Ga.

FREDERICK B. SUTTON M. D.

The Medical College of Alabama and the University of Alabama have been united under one control, and will hereafter be known as the Medical Department of the University of Alabama. The Medical College of Alabama was organized in 1859. Of the original faculty all have passed over the river except Dr. Geo. A. Ketchum, the present dean. That year there were 111 matriculates, and fourteen graduates of that session. The General Assembly of Alabama voted \$50,000, with which buildings were erected. The war interrupted. Since 1868 there have been 2709 matriculates. On the commencement occasion, held April 9, there were thirty-two graduated doctors of medicine and eight graduates in pharmacy. The change in name to the Medical Department of the University of Alabama does not change the loca-

tion from Mobile, nor the composition of the faculty, but secures many advantages and patronages which naturally come of union with a university.

The Madison County Medical Association has determined to have a meeting for the physicians of the Eighth Congressional district, to be held in the city of Huntsville the 15th and 16th of June. The invitations sent out show that the meeting not only promises to be a success scientifically, but socially. The "Monte Sano Hotel" will be formally opened on the 15th, and the doctors will be entertained there on the evening of the 15th, and will be the guests of the Madison County Medical Society on the 16th. Every doctor in the counties comprising the Eighth district should attend this meeting. The editor of the *Age* acknowledges a very kind and pressing invitation to attend the meeting. We shall make a special effort to be present and hope to have the pleasure of meeting the many good doctors of the northern part of the State.

Amenorrhoea, by which we understand a scanty menstrual flow, as well as none at all, cannot be treated as an independent affection. It is only a symptom and always due either to a local or constitutional defect. Pregnancy and lactation being excluded, the first step for a successful treatment is to discover the cause. When due to mechanical obstruction of the uterine canal, vagina or vulva, surgical treatment in the form of Dilatation, incision, removal of tumors, etc., is indicated. Amenorrhoea frequently follows grave constitutional diseases, leaving the entire system in a weak and prostrated condition, but mostly accompanies anemia or chlorosis of young women. Here the treatment is plain—general nutrition, fresh air, moderate exercise and such tonics which will not only restore the strength of the system, but improve the condition of the blood. We believe among the vast number of tonics, Henry's Three Chlorides to be the best. A glance at the formula will suffice to satisfy any thinking physician of its special merits in the treatment of amenorrhoea due to constitutional defects.

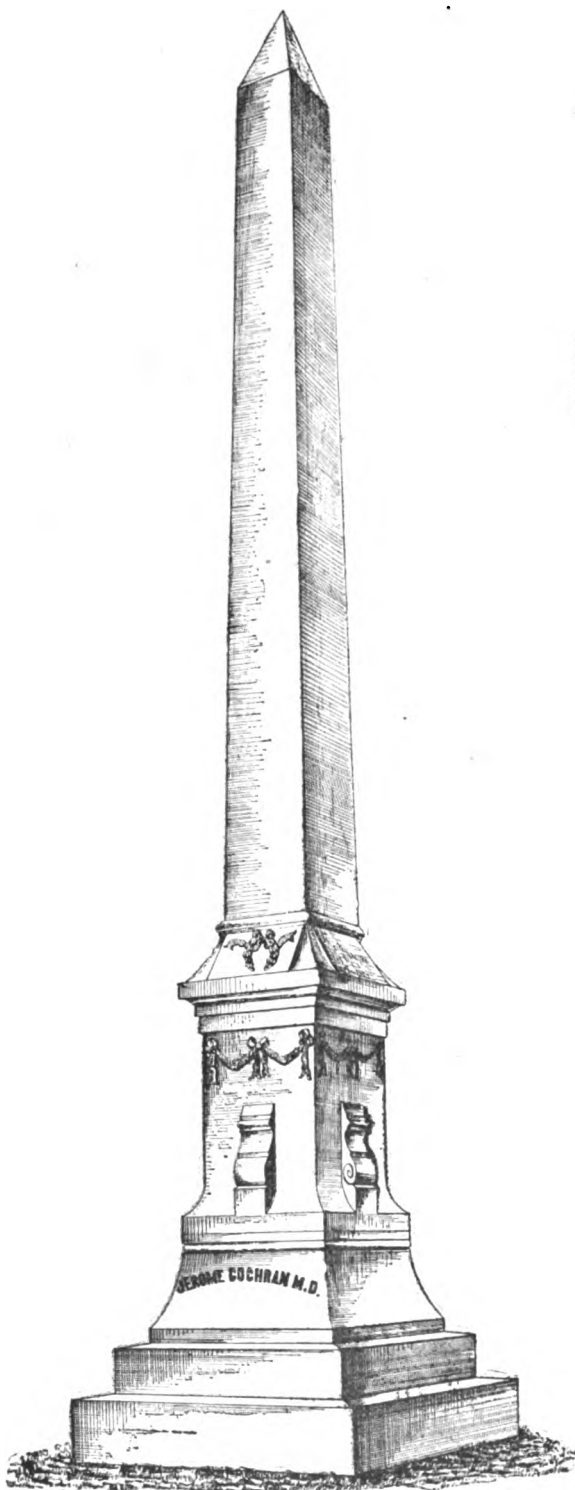
Dr. J. R. Andre of Baltimore, Md., writes February 25, 1897: "I am using Neurosine in my practice and find it the most efficient remedy in Nervous Diseases and the very best Hypnotic, without the detrimental after-effects from the use of opium, morphine or chloral."

Considering the glucoside constitution of proteid matter, Pavy says: The carbo-hydrate of the food is in part applied to the construction of proteid matter, and in this locked-up condition conveyed to the tissues to supply the needs of their growth and renovations. From the proteid of the tissues it may be cleared off by ferment action, and this is probably the source of carbo-hydrate found to be present to a certain extent in the various components of the body. There could be no doubt that in the grave form of diabetes the sugar eliminated is derived not only from the food, but also from the tissues. The glucoside constitution of proteid matter fitted in with this and afforded a ready explanation of the objective facts, all that was necessary to assume being the existence in diabetes of the requisite ferment agency.—Lancet.

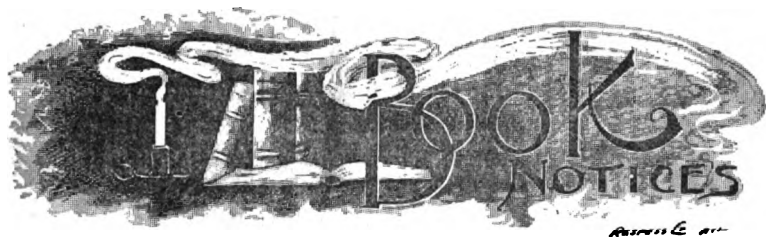
In a paper on "Extraction of Teeth and Facial Paralysis," Dr. Frankl Hochwart gives an account of six cases which he has observed. In the first case the patient had an attack of facial paralysis seven years before, and the second attack which affected the same side, came on after the extraction of teeth and without any other complications, and in these cases the paralysis was on the same side as the extraction. So it was in the sixth case, while in the fifth it was on the opposite side. Dr. Hochwart does not regard the actual extraction as the direct cause of the paralysis, but rather the condition of inflammation which renders extraction necessary or, at least, desirable; and he points out the fact that injury to a tooth may cause paralysis in anyone with a predisposition, as was the case in a young woman who suffered from a third attack of facial paralysis after the accidental breaking of an incisor. He also thinks that inflammation about the teeth may cause paralysis even if extraction has not been done.—Lancet.

A physical examination of all parties purposing marriage is advocated by an ardent sanitarian member of the Texas legislature, who has prepared a bill to revolutionize the marriage license system of the State. The intending groom must previously undergo a thorough physical examination at the hands of a competent medical practitioner in good standing, and be possessed of said physician's sworn statement of physical soundness. The prospective bride must have also have undergone a similar ordeal, and a like certificate in her behalf must be submitted. Not only this, but both parties "to the contract" must file sworn statements attesting the fact that neither of them are subject, in a hereditary way, to any disease that might in like manner transmit tendencies thereto in their probable offspring. The county clerk must then satisfy himself that these "credentials" are perfect, before granting the license to marry. Should he give it without having these evidences of "fitness" presented to him, he would be held criminally liable.—*Journal American Medical Association.*

When a wound, either accidental or operative, shows signs of infection, never wait for suppuration. Immediate incision, thorough disinfection, and drainage, if necessary, relieve pain, shorten the duration and prevent extension of the inflammatory process. In draining a suppurating wound, never cork up by packing gauze in it. The smallest strip that will reach the bottom of the cavity, very loosely applied, is the best. Constitutional treatment is all-important in all forms of diffuse surgical inflammation. Recurrence of carbuncles and boils suggests an examination of the urine for diabetes. See that patients have a good night's sleep before an operation. Skin grafting will not succeed upon an unhealthy surface. Watch patients with burns of the pharynx and larynx; be ready to operate at once. Severe dyspnea may occur with appalling suddenness. If the patient is getting cold and feeble, his ability to feel pain has greatly diminished. Waste no time in anesthesia in emergency tracheotomies.—*Ex.*



We print with pleasure
the accompanying design
which is suggested by a
friend as a suitable mon-
ument to the memory of
Dr. Jerome Cochran.



"International Clinics."—A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhineology, Otology and Dermatology, and Specially Prepared Articles on Treatment. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D., (Univ. of Penna.), Philadelphia, J. Mitchell Bruce, M. D., F. R. C. P., London, England, and David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland. Volume 1, Seventh Series, 1897. Philadelphia: J. B. Lippincott Company.

The International Clinics are among the few books of the class published which maintain a universal popularity with the medical profession at large. Vol. 1, Seventh (7) series for 1897, is an exceptionally valuable book, containing a large list of contributions from so many distinguished and reliable writers. We quote the following data from one of our exchanges which concisely sets forth the contents of this volume:

"Of the forty-six contributions, about one-third are on treatment, including a lecture on 'Rules Governing the Treatment of Appendicitis,' by J. William White; 'The Palliative Treatment of Diseases of the Rectum,' by A. Pearce Gould. G. Hudson Makuen, Lecturer on Defects of Speech in the Philadelphia Polyclinic, furnishes an instructive article on this subject with illustrative clinical cases. In his paper on 'Milk as an Article of Diet in Disease, Robert Saundby shows that boiled milk is for all practicable purposes as digestible and nutritious as that which has been pasteurized. The text is embellished and elucidated with forty-eight figures and photographic plates."

"The Disease of the Stomach."—By Dr. C. A. Ewald, Extraordinary Professor of Medicine at the University of Berlin; Director of the Augusta Hospital. Translated and edited, with Numerous Additions, from the Third German Edition, by Morris Manges, A. M., M. D., Lecturer on General Medicine at the New York Polyclinic. Second Revised Edition. New York: D. Appleton and Company. 1897.

The diseases of the stomach are one of the many diseases which are not so carefully studied as they should be—the reading of the book before us forces us to the conclusion that if the diseases of the stomach were better understood the probabilities are that much suffering and a very great deal of sickness would be prevented.

The author, in a most pleasing and interesting manner, brings before the reader the importance of the subjects which he treats in the book, and every doctor who may desire to get a correct and very clear outline of the diseases of the stomach with treatment should by all means get this book.

Endorsing the following from the *Denver Medical Times*, we reproduce:

The second volume, strictly speaking, of Allbutt's *System of Medicine* (we do not include in the enumeration Dr. Playfair's work on *Gyneacology* which is a separate issue by itself), is announced as ready for publication by the Macmillan Company. The contents of this eagerly looked for volume include *Infective Diseases of Chronic Course*, e. g., *Tuberculosis and Leprosy*, *Diseases of Uncertain Bacteriology*, *Measles*, *Scarlet Fever*, *Mumps*, *Small-pox*, *Whooping-Cough*, etc., *Typhus Fever*, *Yellow Fever*, *Dysentery*, *Infective Diseases Communicable from Animals to Man*, *Rabies*, etc.; *Diseases due to Protozoa*, *Malarial Fever*, etc. The book closes with some special papers on *Intoxications* including *Poison-given epigrams*, as when he says, "*Dyspepsia is the remorse of a guilty stomach.*" The editor-translator has done his task with close fidelity. His interpolations of current opinions on disputed points add considerably to the value of the treatise.

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Original Communications.

ADDRESS DELIVERED AT THE UNVEILING OF THE GROSS
STATUE, WASHINGTON, D. C., MAY 5, 1897.

BY CLAUDIUS HENRY MASTIN, M.D., A.M., LL.D.,
UNIV. OF PENN'A.

MOBILE, ALA.

Sir—This is an occasion of unusual interest, and in the assembly here today convened you behold no ordinary gathering of ordinary men. It is the "Congress of American Physicians and Surgeons"—an association which is composed of the leaders of medical and surgical thought in America. They have come to honor the memory of one of their illustrious dead, and in paying a tribute to departed greatness they testify to the world their appreciation of the work which he has done.

As you are aware, sir, the late Samuel David Gross was a man of distinguished ability in the profession of medicine, and, as such, he was justly entitled to the highest distinction which could be conferred upon his memory by his co-laborers.

His life and character furnish an example which is worthy the emulation of the youth of the land, and hence we desire to place a lasting memorial to his greatness in the Capital City of our country.

Born of German parentage in the mountains of Eastern Pennsylvania, he inherited from his ancestors those sterling qualities of head and heart which characterize the race from which he sprang—qualities so essential to great deeds, and invaluable in the contest for "the survival of the fittest."

We find him in early youth a poor boy, without the prestige of a name or the influence of family or fortune; of studious habits, ambitious promptings, struggling along the toilsome pathway of a young practitioner of medicine. We note how he surmounts obstacle after obstacle which impede his progress to the goal of his ambition. Adversity came to him, and adversity was thrust aside; nothing daunted, he gathered anew fresh energy, and pressed onward in his high career. Guided by the star of destiny, which shaped his course, his own indomitable spirit brought to him the fixed persuasion of success!

Ere he had reached the full meridian of life he had become a Master in Surgery. Endowed by nature with a strong intellect, which he carefully cultivated, he used it to the noble end of ameliorating human suffering, and thereby lengthening the span of human life. A philanthropist in the true sense of the term, he reached the highest position hitherto attained by any American Physician. He was bold of assertion, relying on the rectitude of his purpose; he was fearless of opinion, but with it all, without arrogance, he was charitable.

Enjoying a close intimacy with the wise and the learned all over the world, he was crowned with the highest degrees of almost every foreign university!

His exact knowledge of surgical science enabled him to make important changes in its principles, thereby enlarging the scope of its influence; he added to its literature by stimulating research!

An exhaustive collaborator, he became a painstaking compositor; a voluminous writer, he was the author of many books, which, translated in various tongues, have become standard wherever the Art of Surgery is known, or Hippocratic Medicine taught or practiced.

Having reached the front rank of his profession—a peer among many—he accepted the scepter, and without ostentation, he placed upon his own brow the Diadem of American surgery.

He had lived beyond the limit of man's allotment when, full of years, full of honor, beloved at home and revered abroad, he rounded up his great mission and rested from his labors on the sixth day of May, in the year 1884!

Now, "after life's fitful fever," on the western bank of the Schuylkill, in Woodland's holy precincts repose his ashes—ashes which make it holier, dust which is, even in itself, an immortality!

Such, in brief, is the outline of a life which, framed in the prodigality of nature, was not intended for an age, but for all time; a life of which we can truly say: "Finis coronat opus!"

In acknowledgement of his great deeds in the profession, a movement was inaugurated in the autumn of 1891, by the American Surgical Association, of which he was the founder and the cherished idol, to erect a monument commemorative of his life and character! The initiary steps having been taken, the Alumni Association of the Jefferson Medical College of Philadelphia asked permission to unite in the enterprise. A joint committee having been appointed, the requisite amount of money was speedily collected, not alone from the profession, but also from many admiring friends, both at home and abroad; and it is to their united efforts that we are indebted for the funds which have enabled us to complete the work in the short space of time since it was begun!

We desire publicly to acknowledge our indebtedness to Senators Quay and Morgan, as well as to Representatives Adams, of Pennsylvania, and Clarke, of Alabama, for services which they rendered, in securing the approval of the government of our wish to erect the statue in the city of Washington; and also for the liberal appropriation made for the massive pedestal upon which the statue rests.

The question arising as to the proper place at which such a statue should be erected, the concensus of opinion was that the only proper locality would be in the National Capital.

His name and fame having passed beyond the confines of the seas, and hence being both national and international, we asked permission of the general government to place it amidst these classic shades, and to group it with the other statues of the nation's illustrious dead—heroes whose names have been graven upon the tablets of their country's glory; statesmen, whose words of wisdom in the Council have directed the affairs of state; warriors, whose deeds of valor by flood and field, have

made impregnable the bulwarks of the nation's safety; jurists who have preserved unsullied the purity of the ermine; philosophers who have grappled the lightning's fiery wing, and holding it in dumb submission to the will of man, dispatch it as a messenger of thought to the uttermost ends of the earth!

The statue which we unveil to-day is not that of a statesman, neither a soldier nor a jurist, but it is one of a Medical Philosopher,—one whose mission was holier than either, because it was to follow in the steps of Him who was the Great Physician, that Divine man whose whole ministry was one of mercy, and who, after “curing all manner of diseases,” finished its majestic self-denials in the reconciliation of the cross!

By adding a physician to this group of celebrities, we show that he was equal to them in his country's favor; and in placing it here, we knew that pilgrims from every clime to which the broad sun turns its universal fires, will see, when they visit this land of liberty, what our appreciation is of one who has done so much for the cause of human suffering; and challenging our exclusive appropriation of his fame, claim it, in the name of all nations, and of all times, as the glorious heritage of a common humanity!

To me, sir, has been delegated the honor of delivering this statue to you, the authorized representative of the United States Government, and through you to the people thereof. In obedience to instructions, I here to-day, under the protecting aegis of the Goddess of Liberty, which surmounts the dome of your stronghold of freedom in the Western Hemisphere, deliver into your keeping this figure, the likeness and personification of one who is sacredly embalmed in the hearts and memories of his professional brothers! It is a work of art; the handicraft of one of our own countrymen, Mr. A. Sterling Calder, a young artist of Philadelphia, who went abroad for the purpose, and has deftly reproduced in bronze, the features and the form exact! It is firmly fixed upon that granite base, which the Government itself has had prepared for its reception, thus making it enduring,—so enduring, that when the ages which are to come shall roll by, and future generations of freeborn Americans rise up to

people these fair lands, they will find, still standing, where we leave it to-day, the statue of America's great surgeon,

SAMUEL DAVID GROSS.

"A lofty name,

A beacon light, and a landmark on the cliffs of fame."

SHALL WE DO AN IRIDECTOMY IN EXTRACTING CATARACT?

BY B. J. BALDWIN, M.D.,

MONTGOMERY, ALA.

Read before the Medical Association of the State of Alabama, at Selma,
April 23, 1897.

In the short space of time allotted a volunteer paper I will not attempt a discussion of the important operation—extraction of cataract. I will only dwell on two points, viz: Whether it is best in extracting cataract to perform an iridectomy, or to do the simple operation without iridectomy. This is a question which cannot be dismissed as readily as might be desired.

In 1745 the suggestion offered by the French surgeon, Daviel, gradually drove the hitherto exclusive and dangerous operation of depressing cataracts from the field of surgery. The results of Daviel were quite brilliant, but suppuration occurred in about ten per cent. of his cases.

Von Graefe, many years later conceived the idea that suppuration was due to the separation of the flap and he decided to avoid this by making the incision in the sclera.

Time soon developed that this particular method of procedure was liable to be accompanied by a prolapse of the iris—hence he introduced into his operation an iridectomy. Suppuration of the cornea was reduced one-half, and the result seemed to justify expectation, but on the other hand, iritis, cyclitis and sympathetic inflammation became more frequent. In the last ten years we have learned, says Fick, that in suppuration of the cornea it is not bad nutrition of the flap, but infection which plays the principal role. Since at the present time we can with great cer-

tainty prevent infection, the dispute over Daviel's and Von Graefe's operations (long ago decided in favor of Von Graefe), has broken out anew. In presenting a short resumé of this subject, I beg the indulgence of reviewing briefly what I learned and saw the past summer in my visit to the clinics of many of the prominent oculists of Europe.

The most accurate and important information gained was from a report of Moorfield's Hospital, London, received from Mr. Marshall, former house surgeon, embracing all cases of extraction performed at that hospital during a period of five successive years. During those five years there were 1,519 cases of cataract extraction. The large majority, 1,091, had an iridectomy at the time of the extraction. Some 257 were extracted without an iridectomy—while the remainder, 161, were done after a preliminary iridectomy. These cases were kept in Moorfield's Hospital and accurate data recorded. The results obtained form an important link in the chain of argument as for or against an iridectomy at the time of extraction. I say at the time of extraction, because I cannot discuss, in this short paper, the merits claimed for a preliminary iridectomy.

Mr. Marshall makes this criticism on these cases: "There are two points which must be noted with regard to the operation that was performed. Those cases in which the lens was extracted without an iridectomy are, to a certain extent, picked cases. Those in which iridectomy was done at the time of the extraction included a good many in which signs of previous diseases were manifest." All opthalmic surgeons realize the prominent danger of iris prolapse in the simple operation. This unfortunate result is brought about by the patient squeezing the lids or moving the facial muscles, the result being pressure on the globe, opening of the wound, escape of aqueous and prolapse of iris. Again, when there is soft lens matter left behind the iris, as time goes on it swells, causing an opening of the wound and prolapse with it. Prolapse in this way may take place several days after the wound has healed. There were thirty-eight prolapses of iris after extraction without iridectomy in the 257 cases, or about 7 per cent. In extraction with iridectomy there were nine prolapses of iris in 1091 cases, or about 1.08 per cent.

Glaucoma is another danger threatening the eye operated upon for cataract. Among the Moorfield cases operated without iridectomy (257) there were five followed by glaucoma—in cases operated on with iridectomy (1091) two were attacked by glaucoma.

Then again comes suppuration. In 1091 cases of extractions with iridectomy, nineteen suppurated, or 1.08 per cent; on the other hand, out of 257 extractions without iridectomy five were attacked with suppuration, or 1.09 per cent. It is very significant that the cases in which the simple operation was done provide the highest percentage of suppuration. This group contains the largest proportion of healthy eyes and certainly ought to give the least number of suppurations, supposing that one operation were not beset with more danger than another, but the frequency of prolapse occurring after the operation without iridectomy must be considered a powerful factor in this process.

It is very clear that as far as the large number of cases analyzed in Moorfield's list that extraction with iridectomy has the advantage. But let us go further. In favor of the simple operation without iridectomy is the retention of the round and movable pupil, "which looks better, causes little or no dazzling, and, to a certain extent, offsets the lack of accommodation by the fact that it is reflexly contracted when near objects are gazed at." Peripheral vision is also better with a round and contracted pupil than with iris coloboma, and possibly the danger of sympathetic irritation is less, although fortunately this is a rare occurrence after extraction. I am well aware that Knapp, Webster and perhaps others in New York, rarely do anything but the simple operation (without iridectomy). Knapp prefers to operate without iridectomy, relying upon a secondary operation to clear away any remaining opacities. If the prolapse occurs a few hours after the operation, he advises an immediate amputation with reduction of iris. Should the prolapse occur three or four days after the extraction, according to Knapp, it is allowed to remain until all irritation subsides and then the iris

is cut off. Small prolapse may disappear—others produce no irritation, while still others become larger, constricted at their bases, or cystoid. Those of you who have experienced a prolapsed iris following your extractions will agree with me, I think, that the consequences are quite serious. I do not mean that every case of prolapse is followed by loss of vision. Some have very good vision. But what is the result of prolapsed iris? First of all, the wound does not heal because its edges are kept apart; a direct channel is left for the entrance of septic organisms from the conjunctival sac, the iris is caught in the wound and may be strangulated and become gangrenous. If neither of these grave conditions occur, the iris will most probably become oedematous, engorged and covered with inflammatory material. The performance of an iridectomy is extremely painful, or the administration of a general anaesthetic becomes necessary with its evil consequences. The edges of the wound do not readily fall into place again, and subsequently the iris may become entangled, leading to iritis and blocked pupil, or sympathetic inflammation. The French surgeons, headed by Panas, mainly prefer to operate without cutting the iris.

Mr. Berry of Edinburg told me last summer that he made it the rule to extract without iridectomy. He does a needling in the third or fourth week after the cataract is extracted, claiming that any remaining cortical matter, or membrane, may be much more readily torn apart soon after the operation than when allowed to remain longer and organize or toughen. I think this is a good suggestion when needling is required. But now comes the point. Is there any danger in this secondary operation of needling? The statistics in the Moorfield's Hospital cases show as great a percentage of loss from the secondary, or needling, as from the primary operation. During the five years there were 541 secondary operations for capsular opacities. Among this number were five cases of suppuration (1.02 per cent.), ten cases of glaucoma (2.08 per cent.), and thirty cases of other secondary complications. The operation of needling a capsule is generally regarded as a very simple affair. It is usually attended by a great improvement of vision if the eye is in good

condition and no complications arise. I wish to submit for your consideration, however, the secondary inflammation and degenerative changes, which, unfortunately, are not rare after needling of capsule. The dangers most apt to come to us are suppuration and glaucoma. Added to these sometimes are slow inflammatory changes, which ultimately destroy the sight. Then we must consider still another danger, viz: Physical violence to the iris and ciliary body.

Now let us classify the forces in this great battle of opinion which may be said to be waging in ophthalmology on this point. For extraction without iridectomy stand Knapp, Webster, Roosa of New York (there may be others), Fitzgerald of Dublin, Berry of Edinburgh, and most of the Paris surgeons. The great Fuchs of Vienna, the successor of Stellwag in the "Allgemeine Krankenhaus," prefers to do a small iridectomy. Fuchs believes a small coloboma averts prolapse of iris as certainly as does a large one, and causes less confusion from dazzling. He snips off simply the apex of a tag of the pupillary margin of the iris. Last autumn while attending his clinic in Vienna, where I witnessed as many as seven cataract operations in one day, I saw only one simple operation for extraction, and unfortunately this case had prolapse of iris on the second day.

Eugene Fick, of the University of Zurich, always operates with an iridectomy, and he says for the present he intends to stick to it. He confesses that "complete success" with Daviel's method is of more value to the patient than the same visual acuity obtained after Von Graefe's operation, but that the chances are less to attain this result by Daviel's method.

Argyle Robertson, of the University of Edinburgh, one of the pioneers of ophthalmology, and a recognized authority, always makes his incisions entirely in the cornea with an iridectomy.

Dr. E. Brown, of Liverpool, gets equally good results by either or any method. He thinks it of little moment whether an eye has a coloboma iridis, or not. Dr. Smith, of Birmingham, always makes a preliminary iridectomy. Nettleship, the Nestor of Moorfield's, performs an iridectomy in the great majority of cases. Gunn, of the same staff, always does a preliminary iri-

dectomy, and waits six weeks before extracting. Abadie, of Paris, operates with an iridectomy in the great majority of cases, reserving the most favorable eyes for operation without iridectomy. Meyer, of Paris, operates with iridectomy in about one-half of his cases. He believes extraction with iridectomy, by avoiding prolapse of iris, gives more security to the one operated on and more tranquility to the operator, with results as good as extraction without iridectomy. In cases operated on without iridectomy he has about 4 per cent of prolapse of iris.

Hansen-Grut, the worthy father of ophthalmology of Scandinavia, and professor in the Copenhagen University, operates with an iridectomy. He thinks Panas and other Paris surgeons will come back to making iridectomy in their extractions. Hirschberg, of Berlin, operates in the majority of his cases with iridectomy, reserving only selected cases to be operated on without iridectomy. Schoeler, of Berlin, at one time favored the simple operation, but since 1894 he has abandoned it, and now performs an iridectomy.

Alfred Graefe, professor in the University of Halle, cousin of hundred and ninety-nine times out of one thousand." Out of hundred and ninety-nine times out of one thousand." Out of 479 cases of extraction in 1895 he had but one case of suppuration. Professor Coccios, of the University of Leipzig, nearly always operates with iridectomy. He pays little or no attention to the principles of asepsis. Professor Sattler, of Prague, makes about 200 extractions a year, as a rule, with iridectomy. In selected cases only does he attempt to operate without cutting.

I have given you a resumé of the opinions of the foremost men in ophthalmology of the world. In this, as in other matters, there is a variety of opinions, because surgery cannot be called a fixed science.

For four or five years previous to my last visit to Europe I had been operating for cataract by the simple method. The weight of evidence, however, now seems to be in favor of iridectomy. The trite adage of "the greatest good to the greatest number" cannot be controverted. An observation frequently

made that cases of extraction without iridectomy, when they do well, give the best possible results; but should any complications occur, they generally do much worse than those in which an iridectomy has been performed.

Landolt a short time ago instituted inquiries among ophthalmic surgeons of all countries. As a result of those inquiries, aided by his own wide experience, he has formulated a rule which is probably the wisest, most moderate and safest plan for all operators to adopt. It is this: The operation without iridectomy is suitable only for the best cases, in which a smooth, easy, complete delivery of the lens may be anticipated in patients of a healthy, calm and intelligent disposition.

STERILITY OF THE SEXES.

BY TUCKER H. FRAZER, M. D., MOBILE, ALA.

Read before the Alabama State Medical Association, at Selma,
April 21, 1897.

Mr. President and Gentlemen: I invite your attention to a retrospect of a subject that has engaged the attention of the human race since the command, "Be fruitful and multiply," issued from the divine council. That limitations have been placed upon this principle is but evidence of a departure of the human race from its pristine state. As the moralist can trace every ill to the first great act of disobedience, so may the materialist profit by a study of man's condition as it has been revealed by his sexual relations. There is no more cause for wonder that infecundity should result from man's disobedience than that his mental, physical and moral natures should suffer. The great law governing the genesis of the species has not changed, but the environments have been greatly modified since our parents walked undisturbed in their first home.

Medical writers, from remote antiquity, have directed their special attention to the operations of this law, and in recent years the physiology of conception has been as carefully elucidated as that of any other function of the animal economy. In

fact, the pathology of infecundity, as it relates to both sexes, has been evolved from a true apprehension of the physiological functions of the generative organs as they exist in the normal individual.

In the discussion of the subject before us, all of the facts that pertain to the physiology of conception must be kept clearly in mind, because, as will be shown, many influences operate to interfere with this wonderful and subtle process.

Since sin, "with all its woe," entered into the world, great mountains of baneful influences have been heaped up, and sterility, in this day and generation, has become a question of general solicitude, and writers of varying capacity have essayed to establish its aetiology and compass its removal.

In this brief paper I shall speak of sterility as it affects the sexes conjointly, and shall present for your consideration two travelers, the sexual elements or cells (male and female), journeying from far distant birth places and destined to either meet and become as one, or die an ignominious death by the wayside. The home of one being the testicle and that of the other being the ovary, their pathway being a mucous canal of varying size, shape and conditions, consisting of the tubuli seminiferi, vas deferens, vesiculæ seminales, urethra, vagina, uterus and fallopian tubes.

Most of this pathway is traveled by the male cell, the female exploring only the oviduct and the upper part of the uterus. I might tell you also that sometimes one or the other of these homes is absent or empty and no traveler emerges thence, or again, that the pathway is beset by enemies that lie in wait and is obstructed by insurmountable barriers.

Sterility is a symptom of one or more abnormal conditions in which the male or female cannot produce or propagate its species. The assertion has been made that one marriage out of every eight is childless, that is, $12\frac{1}{2}$ per cent of all marriages are fruitless. The mooted question, however, is in what per cent of cases is the male at fault and in what is the female? Gross has shown that the fault lies with the husband in one of every six sterile marriages, that is, $16\frac{2}{3}$ per cent of all sterile matrimonial

alliances can be ascribed to the male, the remaining $83\frac{1}{3}$ per cent to the female; but more recent observation, from the aetiological standpoint, as will be shown presently, give a much larger per cent to the male.

Sterility is a normal condition in the female before the puberty and after the climacteric, and likewise in the male before puberty and after an uncertain senile age. We speak of sterility in the female as absolute or primary and relative or secondary; the former being applicable to cases that never conceive, and the latter to cases that are sterile after the birth of one or more children. The same classification is applicable to sterility of the male.

It is an indisputable physiological fact that in order for fecundation to take place there must be a meeting and union of the male and female generative elements under favorable conditions; that is, the female sexual cell must have undergone complete maturation before it is ready to receive the approaches of the spermatozoon of the male, which it does, generally, in the upper part of the tube. It is also true that the ovum retains its vitality in the Fallopian tube for eight days, but dies before it reaches the uterus unless fecundated by the male element. Furthermore, unless implanted in a suitable soil, the fecundated ovum is lost, and *sterilitas matrimonii* still remains.

Accepting these as facts, the following classification of the causes of sterility will be convenient in treating the subject:

I. Defects in the source of the male and female sexual cells.

II. Obstructions to cell migration, which can be either (a) congenital, or (b) acquired.

III. Improper environment of the cells, causing death of one or both, or the tertian quid.

In adopting, for the sake of discussion, this classification, I would not be understood as ignoring certain indefinable personal characteristics that favor sterility and which defy classification.

I. Defects in the source of the male and female sexual cells embrace consideration of:

(a)—Ovaries. Absent, rudimentary or displaced; inflamma-

tion of, ending in abscess; Haematoma; Cysts (glandular, papillary, dermoid and multiple); Tumors (simple and malignant); Tuberculosis, Syphilis.

(b)—Testicles. Which may be; absent, rudimentary or displaced (in abdomen or inguinal canal); Inflamed (of traumatic, gonorrhoeal, tubercular and syphilitic origin); Cystic degeneration; Tumors (simple and malignant); Hydrocele.

II. Obstruction to cell migration, which may be:

(a)—Congenital, including Hypospadias; Imperforate Hymen, atresia of the vagina and cervix uteri.

(b)—Acquired, including Epididymitis, Stricture of the ejaculatory ducts; Hypertrophy of the veru montanum; Stricture of the urethra; Vaginismus; Displacements of the uterus (versions and flexions); Stricture or displacements of the oviducts; Occlusion of the fimbriated extremity of the tube.

III. Improper environment of the cells, causing death of one or both or the tertian quid, embrace, inflammations of the via, including urethritis, vesiculitis (gonorrhoeal), vaginitis, endometritis, salpingitis (gonorrhoeal), anaemia.

Mere mention of the most of these is sufficient, but by way of emphasis I invite your attention to one or more causes under each division. The first that claims our attention being Oophoritis and orchitis, since many of the cases that present themselves for treatment give a clear history of these pathological conditions.

It may be readily understood how the ovary can be so damaged by either acute or chronic inflammation, that its function is entirely destroyed. Inflammation of this organ may result in abscess, the water contents of which may be absorbed, leaving a cheesy mass, or the capsule may become much thickened and bound down by "perimetric bands of adhesion," thus rendering rupture of the ripe Graafian follicle impossible, and thereby causing numerous cysts to form in the ovary. The connective tissue of the ovary may undergo retraction, depressing the surface and producing cirrhosis and diminution in size (atrophy).

When oöphoritis results in entire destruction or degeneration of both ovaries, ovulation, of course, is no longer present, nor

does menstruation ever again occur. A case of this nature recently came under my observation. The patient being twenty-nine years of age, had ceased menstruating for over seven years. The uterus had atrophied and measured only one and a fourth inches in depth; the ovaries and tubes were displaced and bound down by adhesions behind the uterus. This patient gave a history of gonorrhoeal infection, followed by the results above detailed. Menstruation being dependent upon ovulation, ceases entirely and continuously when both ovaries are completely destroyed or their function abolished. This explains why some women have an early menopause.

Orchitis and epididymitis of gonorrhoeal, syphilitic or tubercular origin produce sterility by blocking up the vasa recta of the testicle or the globus major and minor of the epididymis, and this is especially true if the inflammation is very severe and involve both testicles.

It is strange that in these cases there is no atrophy of the testicles or change in the seminal vesicles; neither is there any impairment of sexual power and appetite. The semen seems normal in every way, but under the microscope are seen no spermatozoa. All cases of double orchitis and epididymitis do not result in sterility, this being the observation, no doubt, of many of the physicians present, and the reason for this is that the obstruction of the seminal ducts is eventually absorbed to sufficient degree for the passage of one or more ambitious travelers.

Under the head of "Obstruction to cell migration," the principal causes of sterility are stricture of the male urethra and obliteration of the lumen of the Fallopian tubes, and flexions and stenosis of the uterus; these, of course, need no discussion.

Under "Improper Environment of the Cell" will be discussed, very briefly urethritis, vesiculitis, endometritis, salpingitis and anaemia.

Urethritis and vesiculitis in the male produce sterility temporarily by causing the death of the spermatazoa from pus contact, and just so long as there is pus in the pockets of the urethra and in the seminal vesicles, so long will there be great danger of annihilation of the male cells in transit.

Endometritis and salpingitis cause barrenness because of the presence of pus and pus germs in the uterus and tubes. Endometritis thus results, not only in the destruction of the spermatazoa, but also prevents the growth of the fecundated ovum after its implantation on the endometrium—the inflamed mucous membrane of the uterus being bad soil for development of the foetus.

Most gynecologists concur in the opinion that gonorrhoea in both sexes is the most usual cause of pathologic conditions resulting in sterility, and in the case of females they place next in frequency septic inflammations of the internal generative organs consequent on parturition or abortion. The damage from these inflammations is principally in the tubes, resulting in desquamation of the ciliated epithelium and cicatricial stenosis of their lumen. When the tube is denuded of epithelium, but the canal remaining potent, it is possible for the ovum to be arrested and impregnated in any part of the tube, causing ectopic gestation.

Vedeler gives statistics of 310 cases of sterility. In fifty of these the husband was examined, either directly or indirectly. Of this number thirty-eight, and probably more, certainly had gonorrhoea. In thirty-four cases of the wives of these men, eleven suffered from perimetritis, ten from ovario-salpingitis, three from metritis, two from cystitis and vulvitis, and eight from vulvo-vaginitis. If this proportion existed in the entire number of husbands of the remaining 260 women, 235 would have had gonorrhoea and 210 would have infected their wives. As a matter of fact, in 198 sterile women the same inflammatory processes were found as those whose husbands had undoubtedly had gonorrhoea; 64 per cent therefore suffered from this disease. The abnormal conditions which were found to exist in the 310 women were as follows:

I. Inflammatory processes. Perimetritis 6, salpingitis 45, metritis 42, vulvo-vaginitis 18, uretero-cystitis 15, endometritis 12, making 198 in all.

II. Non-Inflammatory conditions.

(a)—Anatomical abnormalities, atrophy of the uterus 22, persistent hymen 7, stenosis of the external os 6, conical cervix 3, defective uterus or vagina 2, unclassified 27, in all 67 cases.

(b)—Pathologic-anatomical abnormalities. Uterine fibroids 23, ovarian cysts 5, uterine polypus 2, vaginismus 7, haematocele 4, syphilis 3, chancre 1, in all 45 cases.

Vedeler thus concludes that the cause of sterility lay in the man in 70 per cent of cases and in the woman in 30 per cent.

Certain constitutional conditions often cause sterility in the female, anaemia being the most frequent of all. Syphilis, tuberculosis, cancer and obesity are all said to produce sterility, because of the anaemic condition induced. It seems paradoxical to say that anaemia accompanies obesity, but such is often the case in these sterile women.

Anaemia prevents fecundation either by virtue of the resulting lowered vitality of the ovum or by the poor soil present, probably an oedematous endometrium, that surrounds the ovum. It has been shown that bisulphide of carbon produces not only sterility, but loss of sexual desire, among male and female laborers who are employed in works where it is manufactured or used in the arts.

Diagnosis:—It is well known that acrid discharges and pus germs and their ptomaines are very destructive to spermatozoa, hence it is wise and proper to examine the genital canals of both husband and wife, not only for these baneful agents, but also for obstructions. The male urethra should be explored with a bulbous bougie for strictures and pus that may lodge in the lacunae, and the semen should be procured and examined microscopically for living spermatozoa. The vaginal secretion must be thoroughly examined for pus, and its chemical reaction noted, a strongly acid reaction foreboding great danger to the male cell. The secretion from the cervix uteri should also be examined.

Treatment:—When any of the causes here enumerated are found and can be removed by proper treatment, the physician should be slow to promise a cure, for often after all obvious and discoverable causes are removed the patient still remains sterile. When we have removed all possible causes of sterility we can try artificial impregnation as the last resort. If this fail then

we can attribute the cause to the ovaries; either ovulation is absent or the ova are not seized by the fimbriated end of the tube and carried into that duct and uterus.

The causes of sterility in the female being so numerous, comprising most of the malformations and diseases of the genital organs that to treat of them all in this paper would take up too much of your valuable time. I shall, however, touch upon the most frequent causes and their removal.

I take the position that displacements of the ovaries and tubes and their subsequent fixation by adhesions behind the uterus, together with an endometritis, are the most frequent causes of sterility in the female. If endometritis alone exists, this could be relieved by curettment and subsequent hot vaginal irrigations, but if displacements and adhesions of the tubes and ovaries exist, then the case is more serious and one that is not likely to be benefited as far as the sterility is concerned. Polk of New York has reported one or more cases of this kind as having been cured by breaking up adhesions of the ovaries and tubes and making the latter patulous by catheterization.

A small or pubescent uterus may be developed by applications of glycerine and ichthyol, together with hot vaginal irrigations and the use of the galvanic current. Amputation of an elongated and the repair of a lacerated cervix uteri have resulted in the cure of some cases, but very few. Perineorrhaphy has, in my opinion, but little effect in removing the barrier to fecundation, nor does correction of malpositions (flexions and versions) of the uterus very often produce brilliant results.

Double epididymitis, stricture and inflammation of the vesiculæ seminales are the principle causes of sterility in the male. Double epididymitis usually leaves the vasa efferentia completely occluded, and if of long duration the case is hopeless, but if recent, and not tubercular, as is often the case, hot ablutions and large doses of iodides may be beneficial.

Stricture, of course, can be divided. Fuller of New York has satisfactorily treated vesiculitis by rectal massage and general tonics.

If stenosis of the cervix is thought to be the cause of sterility,

incision or divulsion, under an anaesthetic, must be practiced; or Outerbridges' permanent dilator may be worn, but in my mind the efficiency of the latter proceeding is doubtful.

If the cervix be elongated Schroder's method of amputation gives the best results. Curettage of the uterus, when salpingitis complicates an endometritis, will not cure the patient of sterility, but will control, materially, the inflammatory condition present in the uterus and greatly mitigate the salpingitis by increasing drainage of the tubes.

Obesity is treated by a system of dieting, and anaemia from constitutional diseases is treated with proper tonics and hygienic surroundings. I have, in dispensary work, met with quite a number of cases of sterility in the female negro in which syphilis was the one great factor. While I have not kept accurate clinical histories of these cases, I am safe in saying I have treated successfully more than eight marked cases of sterility due to syphilitic cachexia or anaemia. Sterility of syphilitic origin will yield more readily to treatment than that from any other cause.

BACTERIOLOGY: ITS VALUE IN THE DIAGNOSIS AND TREATMENT OF DISEASE IN ALABAMA.

BY CUNNINGHAM WILSON, M.D.,

BIRMINGHAM, ALA.

Read before the Medical Association of the State of Alabama, at Selma,
April 23, 1897.

It has been said by one of the greatest pathologists and teachers in this country "that the practice of medicine without pathology was but an art, a mere handicraft; with pathology, it becomes a science."

Bacteriology, which is an outgrowth of pathology, has gone far towards making medicine an exact science. In fact, almost everything in medicine which in any way approaches exactness has come in through the pathological and bacteriological laboratories.

I am glad to have had assigned to me this subject, "The Value

of Bacteriology in the Diagnosis and Treatment of Disease in Alabama," because I want to urge especially upon the attention of the younger men of this Association the importance—nay, what will be before long the absolute necessity—of pathological knowledge, and more especially of bacteriology, and most especially the clinical application of this last.

Every physician cannot become a professional bacteriologist, nor is it necessary; but every physician in Alabama can acquire enough knowledge of the subject to enable him to scientifically investigate the diseases with which he comes in daily contact.

As far as the science of bacteriology has gone, there is no question among those even passably well informed that it furnishes in many diseases the only accurate means we know toward helping us to the proper diagnosis and treatment.

Clinical bacteriology may be said to have all grown in the last ten years, and its valuable contributions to diagnostic means have been—instead of years—months, weeks and days only apart.

Before taking up briefly what these means are, let me throw in one more word of warning and one of advice and encouragement. The word of warning is this: The better schools of the country are yearly turning out an increasing number of young physicians trained in pathology and bacteriology. The other schools will be forced to do their best in the same direction; physicians in practice who did not have such advantages when they attended lectures are rapidly feeling the competition, and are waking up to the fact that they must quit practice for awhile and go and learn it. All these things point surely to one thing, and that is, that in a surprisingly short time this competition will be felt in the remotest corner of this and all other communities. The day is gone when a clinical thermometer, a test tube and a spirit lamp can constitute a competent physician's scientific outfit. My word of advice is obvious: If it cost a great deal of time or money to acquire a working knowledge of the subject, there would be some excuse for neglecting it; but it is in the reach of all. The main essential is to awake to the

importance of it, and none are too old to become acquainted with it. The young cannot afford to grow old without it. Such work once commenced cannot be dispensed with; any of you who begin it will soon find how necessary it is, and how much more accurate and satisfactory your work will become, and how your entire conception of medicine will be born again. No one will say that the bacteriological aids to diagnosis and treatment have been all worked out, and here is my word of encouragement: Much undoubtedly will be learned with these aids in the next few years about the fevers in Alabama. We do not know, of course, how much there is to learn about a thing until we have learned it; but we do know, for instance, that we know precious little about hemorrhagic malaria, compared with what the Italians and Osler and Dock and the rest have worked out about the tertian, quartain and the aestivo autumnal varieties. Some Alabama or Mississippi doctor of the new school will enlighten the world on that subject before long; the chances are open to all, but it will be done by some young man who has been getting up early and staying up late with his eye screwed into a microscope, and whose main interests in life are in culture tubes and incubators, and in examinations of the blood, sputa, stools, secretions, etc. We doctors in Alabama should be able to settle positively the natures of the individual cases of fever, especially of those which are so easily settled by these means. There is no necessity for wasting time discussing whether a case is malarial, typhoid, Montgomery, Selma, Birmingham or slow fever. Most of these things have been worked out for us, especially in typhoid and malaria, but it is strange how slow the medical profession has been to accept some of the best knowledge. Jenner's discovery was not countenanced by some of the best members of the profession of his day, and the great majority of us are even now not making use of the methods which are in common use by the leaders of the profession—methods, many of which are absolutely accurate, and in the place of which we have absolutely nothing upon which to rely.

Since the advent of bacteriology, nearly all works on medical and surgical diseases have had to be entirely rewritten. There

is no longer any discussion as to the quality of tuberculosis. We now know that miliary tuberculosis and the caseous mass, with its resulting cavity, are the results of the tubercle bacilli. Typho-malarial has vanished from the nomenclature of the better informed since the discovery of Lavarán's organism, and more especially since we have a fairly accurate, if not a positive means of diagnosing typhoid.

Pulmonary tuberculosis is often treated for intermittent malarial; there is no shadow of excuse for this; the bacillus is present in every case; all it needs is "Seek, and ye shall find." The converse of this is so true that the importance of the physical signs is almost nothing when compared to it. The bacillus is never found except in consumption. When consumption can be diagnosed by the physical signs, it is too late to hope for much from treatment.

Widal's agglomeration test is said to be absolutely final and sure in the diagnosis of typhoid fever. In an article by Biggs and Park, published in the American Journal of the Medical Sciences for March, it is described as follows: "In the tube in which the typhoid culture is mixed with typhoid serum the bacilli are agglomerated in fine whitish flakes, which settle to the bottom of the tube, while the supernatant fluid is clear or only slightly cloudy. On the other hand, the tubes containing mixtures of bouillon with the cholera-serum, or the serum from non-immunized animals inoculated with the typhoid bacillus, became and remained uniformly and intensely cloudy. These two serum-mixtures, examined microscopically in a hanging drop, also show distinct differences. The typhoid serum mixture, inoculated with the typhoid bacilli, exhibits the organisms entirely motionless, lying clumped together in heaps."

It is a common thing to fail to recognize a liver abscess in its earlier stages, especially in the South, where such abscesses are so common. This is inexcusable. An examination of the blood will show by the great leucocytosis that there is an exudative inflammation, a septic condition; in some such cases cultures from the blood will show the infecting organism. If the abscess ruptures through the lung, the microscope will show the liver

cells, and in most instances the amoeba dysenteriae. At the same time an examination of the mucus of a dysentery, which may be present, will reveal the same, and clear up the case most fully. A culture from the secretion of a joint in rheumatism following gonorrhoea seldom fails to show the gonococci. From such an examination the patient can be assured that the treatment will be unsatisfactory and the recovery slow. If that patient leaves you or seeks other advice, sooner or later he will know that you were right about it.

In the management of no disease is a little bacteriological knowledge worth so much as in the treatment of diphtheria. An early diagnosis is essential (so the bacteriologists have taught us), and cases should be isolated at once, so experience has taught us. A culture from the throat on blood serum will show positively what the infection is. The satisfaction to all concerned is of no small value. It is in the suspected cases that such examinations are of the greatest value. Unnecessary isolation and treatment are avoided, and all anxiety of friends is quieted. On the other hand, if the case is one of diphtheria, it should be kept isolated until the germ has disappeared from the throat. Sometimes this will not be for three or four weeks after all symptoms of the disease have disappeared, as we very recently demonstrated in one case.

There is probably no better settled question than that our most common form of dysentery is due to the presence and destructive habits of the parasite known as the amoeba dysenteriae. It is subject to frequent relapses, and requires continuous treatment. It is the most common cause of liver abscess.

Cultures made from the womb of a suspected puerperal fever case give positive information. These cultures can be as easily made as cultures from the throat of a case of suspected diphtheria, and a sterile culture would do away with much unnecessary treatment and anxiety.

It may fall to the lot of any of us to be called up to give an opinion on anthrax, glanders or rabies, and it will be well when all of us can make the necessary microscopic examinations, inoculative experiments, and give a positive opinion on them.

As medicine assumes more and more the importance and proportions of an exact science, it will be seen that the young physician's practice will come to him more according to the amount of his laboratory work—more according to what might be termed his microscopical standing in the community. His brother doctors will measure him by it, and the public will be forced to employ him. If he makes a reputation with his brother physicians, that is all he needs; he will not have to sit up at night to take care of that sort of reputation.

Means that will help us find out the truth about disease and help us to benefit our patients is what we want, and will have at any cost, and the amount of it we get will determine our professional success. The times are getting harder and harder for pretenders. The new school will be the death of the homeopaths and all others who continue to depend on wise looks, the cut of their clothes, or their jaws or laughs.

The physician who fails to examine the sputum of a bronchitis or an intermittent fever in these days should be held culpable.

The success of the antitoxin treatment of diphtheria has afforded a shallow excuse for obscure pretenders to offer high-priced and worthless cures for tuberculosis. It ought to be enough to damn all such remedies among the intelligent and honest members of our profession that these pretenders are absolutely unknown in the world of bacteriologists. With all their noise and hurrah and plausible borrowed talk, they are absolutely obscure. In contrast to these pretenders there are many young and penniless medical students and hospital internes who have done their atom of good work, and have received their instant reward of recognition by the scientific (that is, the honest) world.

Real bacteriologists have already shown that the principle borrowed from them, or rather picked up after they—the bacteriologists—had thrown it away—is all wrong. The principle is that the toxins produced by the tubercle bacilli are harmless to those organisms themselves. If these manufacturers do not know this they are as ignorant and crazy as the man who in-

vents the perpetual motion machine. If they do know this, they are what? They differ little from the ordinary patent medicine vendor. Marmoreks' antistreptococcus serum promises something, but the position it will occupy needs further investigation to settle it. About the same may be said of the Tetanus antitoxin. With these last two, as with tuberculosis, bacteriology has determined their nature and thereby rendered it possible to prevent them, which is the all important thing. We now know that they are both absolutely preventable, at least in those cases which come for treatment of the wounds. Tetanus and erysipelas should rarely happen in a case already under treatment. It has been the rare privilege of this generation to witness the discovery of a specific remedy in the treatment of disease. If bacteriology had done nothing else it would occupy an honorable position in medical history. The discovery of the diphtheria antitoxin was the result of patient scientific laboratory work. It is a remedy practically harmless, yet as near a specific as it is possible for a remedy to be. The history of medicine can only show three others, mercury, quinine and vaccination; the last a preventive rather than a remedy.

It has been my object in this paper to follow the title and bring out some of the more important uses of a little bacteriological training and this has been done at the risk of tiring some of you. The only excuse I can offer for going into such simple detail is the fact that so little of this work is being done even by our best informed physicians. With the rapid strides now being made in this branch it is almost imperative that all of us should have a working knowledge of it in order to be able to read modern medical works intelligently. Laboratory workers have endeavored to make everything practical, and simplicity is their great aim, and it is wonderful how they have succeeded.

The small expense of fitting up a little laboratory for this work would be of little moment to a majority of us, and enough time is wasted every year to acquire the knowledge.

If this paper should be the means of inducing half a dozen young men to begin such work I would feel that it had accom-

plished a great deal. It is necessary to have some instruction, but if those who go to the medical centres would put their time (or the best part of it at least), in at such study instead of watching great surgeons perform operations that they themselves will probably never have an opportunity to do, how much better would it be for their patients?

They all treat tuberculosis, malaria, diphtheria, dysentery, the different septic conditions, etc., but very few have ovaries to remove. Indeed, if those who do, knew how to examine the blood, they would not so often have to stab blindly into the pelvic cavity in order to tell whether or not it contained pus. Next year our Association's reports and transactions would be more widely read if we had careful blood examinations with pathological reports of a dozen cases of hemorrhagic malarial fever. It will take work of this kind to give us standing outside our own state, and it is to be earnestly hoped that it will be more generally taken up by the medical profession of Alabama.

THE BOLLING CONVICT CAMP.

BY D. L. WILKINSON, M.D.,

BOLLING, ALA.

We have at present 123 men, divided as follows: White men, 37; Negro men, 84; Negro women, 2. Ninety-four are employed in the lumber mills; 22 are sawing in the woods, and 3 are on the sick list, suffering from pleurisy with effusion, fistula in ano (chronic diarrhea complicating), and bilious fever.

The two women wash for the convicts. Two convict men are employed as hospital nurse and trusty, respectively. The prisons are partially surrounded by a stockade, and are guarded night and day. There are three cells; one for the white men, two for the negroes; a dining room, a hospital and a woman's apartment. A kitchen and a dungeon are prerequisites.

The white cell, the dining room and the negro cells are 60 feet long, 36 feet wide and 12 feet high. The woman's apartment is 14x16x12. The dungeon is 10 feet square, and as foreboding:

as the famous "Calcutta Hole." The kitchen is large and roomy, containing a 90-19 range stove; two large boilers, holding 40 and 50 gallons respectively, for cooking vegetables and boiling coffee. The stove has in addition a 50 gallon reservoir. The cook cooks 4 bushels of meal a day, fries 35 to 40 pounds of meat, and gives each convict a quart of buttermilk at supper. It takes two large-sized corn sacks packed with greens at each meal to supply the demand for vegetables. Four gallons and a half of syrup (molasses) lasts one meal. One thousand biscuits are made up on Sunday. Besides this, the sick are supplied with sweet milk, crackers, chicken, soup, eggs, coffee, etc.

The white men and the negroes eat in the same room at the same time, but at different tables. The cook is nearly always a convict or ex-convict. Returning to the cells: Each cell has a double floor and a double ceiling. The side logs are one foot square. The logs are placed about four inches apart. The openings are closed during the winter months by heavy wooden shutters. Each cell is supplied, through a 1 1-4 inch pipe, with water from an artesian well 1,010 feet deep. The water is conducted off by a wooden troughing to a sewer 30 or 40 yards away. The beds are swinging bunks, suspended from runners placed across joists or girders. A nut secures the bunk above and below. By simply unscrewing the nuts from the 8ft., half inch bunk rods the beds can be taken to pieces, so the slats and the side boards may be steamed in the steam house. A place constructed especially for the purpose, 10 feet square and supplied by a 1 1-2 inch pipe from the steam pump. The bunks are steamed in this air-tight compartment twice a year, (March and September) for from 15 to 25 minutes at a time, thus effectually destroying all vermin. Every bunk is supplied with one mattress composed of cotton and shavings; two cotton pillows, one sheet, and from one to two and a-half blankets according to the weather; the sheets and pillow cases are changed every two weeks only. Convicts are compelled to sleep in different garments from their work clothing. They are also compelled to take an "all over" every Saturday night. Hot, as well as cold water is on hand constantly. Each convict is supplied

with two suits of underclothing and two suits of work garments, with a special woolen winter coat lined with osnaburghs. In each cell there is a chimney 6 feet square with a double fireplace. The hospital and woman's apartment are supplied by heat from a stove. The entire stockade is white-washed as needed—generally twice a year. In the rear of each cell is a privy having a separate urinal and two large tubs, filled with saw dust, for the alvine discharges. The urine is conducted through pipes to the sewer. The urinals are scalded daily with hot water, soap suds and potash. The alvine discharges are emptied daily in burning slab pits, and the tubs refilled.

The hospital contains a medical chest filled with medicines, bandages and a few instruments. It is a misfortune that the building has no sky light or windows. Our most prevalent disease is malingering. Fifteen drops of well seasoned hickory generally effects a permanent cure. Soap-eating, sleeping with tobacco in the arm pits, etc., are other pranks sometimes played. The peculiar appearances of the stools call attention to the former, while close observation reveals the latter; both diseases are generally easily cured.

County convicts, Geneva, Coffee, Crenshaw, Covington and Pike, the municipal negroes (Bolling, Greenville and Evergreen), frequently come to us diseased. This company employs second-rate men; it would seem therefore that the mortality here would be great, but we have very little sickness.

I append a summary of the sick list here during the past two years and four months. Amputation of one or more toes, 3; chronic ulcer of leg, 2; hematuria, 1; mashed between cars, 2; continued diarrhoea of more than five days duration, 13; bilious attacks lasting for a few days, 14; phthisis, 3—one death; badly mashed feet, 4; malarial fever, 10—3 cases of intermittent malarial fever, and 1 cash (death) from pernicious malarial fever contracted in Central America—the remainder were remittent in character. Pleurisy, 5—1 death. Badly mashed hand, 1; badly mashed knee, 1; badly mashed pelvis, 1; gonorrhoea acute, 3; chancroids with paraphimosis, 1; badly cut in fight, 1; mitral regurgitation, 2; obstetrical, 1; eczema rubrum, 1; measles,

14—one death; chronic dysentery, 4; acute syphilis, 3; la grippe, 6; acute rheumatism, 1; circumcisions, 2; abscess of liver, 1; recovery following operation; fistula in ano, 2; recoveries following operation; Bright's Disease, 2; diabetes insipidus, 1; diabetes mellitus, 1; hemorrhoids operated upon, 4. There have been in all 5 deaths, including a convict shot to death while attempting to escape.

There is no doubt but that the turpentine fumes which constantly saturate the atmosphere here, and the artesian water (which is good mineral water), have much to do with this low mortality rate, despite the fact that the country is low, flat, damp and malarious. Another thing: While those working in the sawdust rooms here are comparatively free from gonorrhoea, gonorrhoea is sometimes cured by the inhalation and absorption of the turpentine fumes in these rooms. Nevertheless, these rooms are very disastrous to persons predisposed to kidney affections; one night's work frequently bringing on hematuria and even strangury. I expect soon to collect some statistics on this subject.

A CASE OF ROUGH ON RATS POISONING.

Analysis for Court by F. E. Nabers, Ph. G. Reported by Geo. A. Hogan, B. S., M. D., Professor of Chemistry of the Birmingham Medical College, Birmingham, Ala.

Four negroes, painters by trade, batching at Pratt City, six miles from Birmingham, Ala., were the participants. Pillard Thomas requested the other three to allow him to take charge of the culinary department and prepare supper, which was unhesitatingly granted. This unusual proposal of Pillard did not cause either of them to suspicion him in the least. It seems that prior to this proposal they had had some trouble. It matters not about this; it seems that there was at the time enmity on his part for the other three. However, Pillard cooked the meal on the evening of April 5 and all except him partook in the usual way, nothing occurring to arouse the suspicion of the others, Pillard offering as an excuse for not eating that he was feeling badly and did not care to eat.

The three who partook of the toxic supper developed all the symptoms of arsenical poisoning. But this did not make them apprehensive, for they had previously been separately affected in a like manner. One of them related, however, the peculiar coincidence to a doctor of how they all at the same time had painters' colic and that it affected them in a similar way.

Pillard was arrested upon another charge, and, being tried, when the three negroes, following the advice of the doctor, had him arrested and preferred the charge of assault with intent to kill against him.

During the course of the trial in the circuit court under Judge Banks, Charles Ferguson, solicitor, the symptoms, when related to the jury by the three men in such a similar way that the court suspected that they must have been affected by a poison and that that poison was arsenic.

So to show that this coincidence of symptoms was due to the food ingested by the three negroes, cooked by Pillard, a chemical analysis of some of the food they partook of was necessary.

In pursuance to this end F. E. Nabers, Ph. G., of Birmingham, Ala., made an analysis to establish the truth of the statements made by the three negroes. Accordingly, he analyzed the crumbs of bread submitted and found arsenic, antimony and cobalt present in large quantities. He made a qualitative analysis only, quantitative analysis being unnecessary, as it was evidently a very large amount of these substances from the symptoms given. It would have been very hard, and, indeed, impracticable to have approximated the amount of bread each ate and the amount cooked, all of which would have been requisite for quantitative examination.

Dr. Nabers gave me some of the crumbs of bread and requested that I make analysis, which corroborated the analysis he made.

The symptoms as given by the negroes were very true and vivid of an arsenical poisoning. They experienced a feeling of faintness in about one-half hour after supper, pain in the region of the stomach of a burning nature and which was aggravated by pressure. Violent fits of vomiting and retching came

on, with dryness, heat and lightness of heart, creating an incessant desire for drink, followed by hoarseness and difficulty of speech. The matter vomited was of a yellowish green hue, streaked with a little blood. Diarrhoea followed. The abdomen was tender and swollen, the rectum excoriated, tightness across the heart and shortness of breath, painful and difficult micturition and the genitals sensitive. They had no paroxysms of convulsions or any premonitory signs of convulsions.

The recovery is explained by the fact that they took so much that it acted as an emetic, and thus they escaped the fatal termination a smaller dose would have brought about.

It remains to be stated that Pillard was sent to the coal mines for a period of eighteen years.

This case gives a practical demonstration of the part played by purely chemical analysis, for these negroes were exposed to the environments necessary for inhaling, or absorbing, through the skin, poisons that would affect them perhaps simultaneously and similarly. And again, whether the doctor is authorized in declaring a person to be poisoned with arsenic from the symptoms merely? In this case the symptoms would have established circumstantial evidence only, while with the aid of the chemical analysis the symptoms were of secondary importance. Without the chemical analysis the symptoms are of primary importance, but with the chemical analysis you have conclusive evidence—proof sufficient for absolute conviction without the shadow of circumstantial evidence.

when Chloroform Kills.

Despite the conclusions to the contrary of the two Hyderabad commissions, the general impression among medical men has always been that the dangerous or fatal effects of chloroform anesthesia are due to cardiac failure. As usual in such discussions, both schools have been partly right and partly in the wrong. Professor Hare, who has taken a great interest in the subject for many years, has proved conclusively (*Therap. Gaz.*, Feb. 15. '97), we think, from the original clinical and laboratory researches by

himself and others, that the real primary cause of death in most cases is vaso motor depression, "whereby the arterioles allow the blood to pass too freely into the great blood vessel areas which are found in the capillaries and veins, and as a result the man is suddenly bled into his own vessels as effectually as if into a bowl." In fatal instances respiration usually ceases before the heart stops beating, because, on account of difference in position, the medulla becomes anemic before the heart. Here also lies the reason for the imminent perils that threaten when chloroform is administered in any one but the recumbent position; it also explains the good effect of inversion and of abdominal compression when alarming symptoms supervene. The writer concludes, therefore, that in chloroform anesthesia the vaso-motor stimulant atropine ought to be given with the hypodermic syringe previously, and the head should always be kept low. When the case is feeble or already bloodless, bandage the limbs, and apply compresses deeply on the belly if the circulation begins to fail.—*Denver Medical Times.*

Medication in the Gouty and Rheumatic Diathesis.

Dr. George W. Tobias (*Kansas City Medical Record*, March, 1897) says that, while there can be no doubt of the value of colchicum and the salicylates, the depressing action of colchicum preparations and their uncertainty have caused them to be regarded with suspicion, especially by the younger generation of physicians. Where sodium salicylate produces no beneficial results in the rheumatic diathesis, it may be laid to the origin of the drug, and in all cases he has found that that derived from carbolic acid and carbon dioxide is vastly inferior to the salicylate existing as methyl salicylate in the sweet birch. This is the most potent of salicylates (synthetical or organic) and is perfectly safe and free from all objections. An elegant and perfectly safe preparation of drugs, and one which his hands have never failed in, is colchi-sal (colchicine-methyl salicylate). This drug is dispensed in capsules of twenty centigrammes and each contains a quarter of a milligramme of the active principle of colchicum. Dr. Tobias adds short accounts of three cases.



CORRESPONDENCE

THE CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS

Mr. Editor:—The question has been asked so frequently, as to how membership in the "Congress of American Physicians and Surgeons" can be effected, that I have thought it might be well to explain. The Congress had its origin in the American Surgical Association, in the Spring of 1886.

At that date there were a number of special medical associations in the United States, each one of which was devoted to a special branch of the profession, and held its annual sessions in first one and then another of the leading cities of the country. In the month of April, of the year 1886, at the Seventh Annual Session of the American Surgical Association, which was being held in the city of Washington, a memoir was presented by one of its fellows, proposing to unite the several special associations of the country into one harmonious whole, under the name and style of "The Congress of American Physicians and Surgeons." The plan proposed was that each society should preserve its own name, constitution and by-laws; elect its own officers and fellows; hold its own sessions apart from the others at the time and place of meeting; publish its own transactions, and do all other acts of which, by virtue of its constitution and by-laws, it has the inherent right to do, thus preserving its own autonomy.

The Congress is to be composed of those Special Societies, when in session, and the Congress is to assemble tri-annually in the City of Washington, the only appropriate place for the meeting of a great National Organization!

The Congress is presided over by a President serving three-

years, that is to say, a new President is chosen every three years, and presides at its tri-annual session. The Presidents of Special Societies are ex-officio Vice-presidents of the Congress. As there are fourteen Special Associations conjointly composing the Congress, there are fourteen Vice-presidents of the same! The Secretary, Treasurer and Executive Committee of the Congress, together with its President, compose the business committee of the Congress and arrange for its triennial sessions and manage its transactions. The Executive Committee of the Congress is composed of one delegate with an alternate sent from each conjoint association, who represents his special association. In the alternate years the special societies hold their annual sessions at such places as they may determine at each preceding annual meeting. Each special association has its regulations as to the election of its fellows, and in nowise can any one of the conjoint societies interfere with the autonomy of another.

"Membership in the Congress can be acquired only by virtue of fellowship in one or another of the special associations."

Hence, to become a member of the Congress, it is necessary for the person who desires to do so, to first seek fellowship in one or another of the associate special associations, and if elected, then by virtue of that fellowship he becomes a member of the Congress. The Congress is absolutely a scientific body, and in no manner, shape or quality a Medico-Political Organization! Its Component Special Associations represent its sections of the several departments of the profession, and its object was and is, to unite in one harmonious whole the leaders of Medical and Surgical thought in America; binding together the specialties, but without in the least obstructing special research—recognizing each specialty as only an integral part of a great and undivided profession. Standing sentinel as they do, at the door of the Congress, they are charged with preserving and maintaining the purity of the confederation.

I am very truly,

CLAUDIUS H. MASTIN.

Mobile, May 21, 1897.



Reciprocity in Medical Licensure.

Dr. William Warren Potter, of Buffalo, President of the National Confederation of State Medical Examining and Licensing Boards, chose this for the subject of his annual address at the seventh annual meeting of that body, held at Philadelphia, May 31, 1897. He first paid tribute to the memory of Dr. Perry H. Millard, of St. Paul, then in an introduction reviewed some of the essential points of progress that had been made in State control of medical practice and finally considered his subject.

THE PEOPLE.

The most important question now to be discussed pertains to the interstate exchange of licenses and every friend of State control is interested in establishing this principle. It is one of the objects this confederation is laboring to accomplish, but a most difficult problem for solution. A national registration bureau is desirable where legally qualified and reputable physicians may be recorded—physicians whose names appear on this register to be allowed to pass from State to State in the enjoyment of all privileges pertaining to the practice of medicine. Those chiefly agitating the question of reciprocity, however, are specialists who desire to spend profitable vacations at summer resorts and do not relish the idea of taking State examinations in the localities chosen for their holiday practice. Another class of men, compelled by circumstances to change residence is more deserving of sympathy; they take the examinations uncomplainingly. Shall a State require of its own citizens a compliance with its practice laws while granting to thrifty summer specialists exemption from their operation? As the State laws forbid discrimi-

tion from their operation? As the State laws forbid discrimination against the inhabitants of each, there is both a legal and a moral bar to such exemptions.

OBSTACLES TO RECIPROCITY.

Equality of standards for admission to the study and practice of medicine is the only enduring basis on which reciprocity can be established. When the several States adopt a uniform level of preliminaries, a uniform period of collegiate training including uniformity of methods of teaching; and finally, an absolute similarity in the methods of conducting State examinations and granting licenses, then reciprocity will be equitably and permanently established. It is important for the State Medical Examiners to come to an agreement on these several points that they may act with intelligence on a common platform. The State imposes a post-graduate examination and none should be admitted to it who are not holders of diplomas legally obtained from registered and recognized colleges. It is understood, of course, that there must be established a uniform system of recognizing medical schools in the several States.

THE SOLUTION—LEGISLATIVE ENACTMENTS.

The remedies lie in legislative enactments. Those who most loudly and persistently demand interstate indorsement aim their criticisms at examining boards; whereas, these have nothing to do with the question. The statutes in States that have established licensure prohibit interstate exchange except between such as have equality of standards. The demands of the restless and migratory doctors must be taken to the State Legislative halls. Meanwhile, the members of this confederation may assist in bringing the matter to a more speedy conclusion by acquainting their Legislatures with the difficulties to be overcome, and by urgently recommending the adoption of such amendments to existing laws as will meet and remove the present defects. Great care must be exercised, however, in the preparation of amendments; the State laws are for the public weal, reciprocity is only for the few. Amendments to existing statutes should be proposed only through State Medical Examining Boards or State Medical Societies; they are familiar with defects and best know

the remedies needed. When Legislatures can be persuaded to turn a deaf ear to all amendments that are proposed outside of official sources it will be a happy day for the friends of State license. The object of this discussion is to divert further criticism of the delay of reciprocity into the proper channel. If legislators could be made to appreciate the fact that public health interests are involved in the question of State license; that every attempt to weaken the principle is a blow at public sanitation; and that higher standards of medical education mean better health for the people, then perhaps it would be easier to obtain and maintain the necessary laws to protect the commonwealths against that kind of ignorance, superstition, or super-refinement that always lurks in the environment of quackery.

The Gazette Quoted Everywhere.

Amongst the very large number of exchanges of the Therapeutic Gazette its editors have an opportunity of noticing the frequency with which its contemporaries find its contents of sufficient value to make it worth their while to abstract information from its pages. In the great majority of instances credit is given to the Gazette, and we are always glad that such unsought for recognition of the value of our material is manifested.

One particular instance in which credit was not given us as a rule has interested us more than a little. The readers of the Gazette will remember that in the issue of June 15, 1896, Dr. Hartzell contributed a paper to the Therapeutic Gazette upon Some of the Uses of Resorcin in Dermatology, an article which contained a considerable number of prescriptions. From that time to this we have constantly met in the pages of various medical journals a repetition of these prescriptions. The French journals, as is their custom so frequently, abstracted it one after the other, sometimes giving credit to us, but more commonly to the French journal from which they took it. From France these prescriptions extended to Germany and the various German journals printed them, but few of them giving the reference to the Therapeutic Gazette. Finally, one of the great American medical weeklies abstracted them from a French journal to which

they gave credit, and now we find these same prescriptions in the *Journal des Praticiens* of February 6, 1897, credit being given to the *Therapeutische Wochenschrift*. The course over which these prescriptions have traveled in medical literature reminds one of that followed by an ocean derelict.—*Gazette*.

The Radical Cure of Hydrocele by a New Ambulatory Method.

Dr. J. N. Bartholomew, Professor of Surgery in the West Side Post-Graduate School and Polyclinic, Chicago (*Journal American Medical Association*, April 24), gives a new method for cure of hydrocele. He does not think the treatment is to be preferred in all cases, but in all where it is desirable to remove the sac the operation meets every indication.

The treatment is described as follows: The skin of the entire scrotum having been shaven and rendered aseptic, an incision a quarter of an inch in length is made in the most dependent portion of the scrotum down to the tunica vaginalis, being careful not to open the sac. Then by means of some blunt instrument, as a grooved director, the sac is dissected from the overlying infundibuliform fascia. This is done by inserting the instrument at the point of incision into the cellular tissue space immediately outside of the tunica vaginalis. By sweeping the instrument around the sac through this cellular tissue space, the sac is separated from the overlying structures speedily and with the greatest ease quite down to the epididymis on either side. After this has been accomplished the sac may be opened. After grasping a fold of the sac with a dressing forceps the sac is punctured and the contents allowed to escape. The empty sac walls may now be easily drawn through the small incision and divided close to the margin of the epididymis, although it is not essential to the success of the operation that the sac wall be all removed. In cases in which only half of the sac was removed recovery seemed to be as prompt as in those in which it was all removed. The sac having been disposed of, an examination of the testicle is made, if it is deemed necessary, by palpation and inspection. Any granulations or cartilaginous bodies found are removed.

The quarter of an inch incision will now be found to have con-

tracted to less than its former length, by contraction of the dartos and will require no attention. The incision being in the most dependent portion of the scrotum serves admirably the purpose of drainage.

The dressing is regarded as very important. The sac having been disposed of the assistant grasps the testicle and draws it well down; while by means of adhesive strips three-quarters of an inch wide the testicle is strapped, beginning as high as the hydrocele extended and making circular turns around the testicle, each turn overlapping the former one about one-third of its width, until the entire testicle has been strapped in a case of epididymitis. No drainage is necessary, as no effusion or hemorrhage will take place; no swelling can occur. The patient may be allowed to go about at will and will experience very little pain. The strapping may be removed at the end of the first week and a cure may be anticipated in two weeks.

The following advantages are claimed: It is extremely simple and applicable in nearly all cases. It does not confine the patient to the bed or to the house. In many cases an anesthetic is not required. The dangers of hemorrhage and sepsis are reduced to a minimum. A cure can be anticipated with almost absolute certainty.

Use of Other Drugs than Digitalis in Cardiac Failure in Adults

It is not the intention of this article to discuss the value of digitalis nor the occasions on which it fails in the treatment of heart disease, although it is a noteworthy fact that in those cases in which there is true fatty heart, and in some instances of dilatation, or in the true senile in which the organ seems to be inherently feeble, digitalis fails to do good, either giving no relief at all or else causing more discomfort than existed previous to its administration. Under these circumstances the physician who finds that his chief standby has failed him sometimes feels at his wit's end as to what he should prescribe for his patient, for often in these cases nitroglycerin with or without digitalis also fails to be of benefit, probably because arterial tension is already so low that its still further reduction by this drug in-

creases the discomfort of the patient. Under these circumstances we believe the continuous administration of full doses of tincture of *nux vomica*, or it may be of strychnine, affords the best treatment which we can resort to. Under its influence the valvular sounds which have seemed feeble and indistinct become more well defined and clear, the arterial tension is raised, and the general tone of the vascular system seems to be improved. The doses for the adult, unless there is some contra-indication to such large ones, should usually be not less than ten drops, and often as much as twenty drops of the tincture given three times a day, and should there be any tendency to cardiac irritability some tincture of belladonna or tincture of hyoscyamus may be combined with the *nux vomica* with advantage, chiefly for the vaso-motor effect. Very often in these cases the greatest discomfort will be at night, and the patient will either suffer from constant dyspnae, or after sleeping a few hours in comparative comfort will awaken with a paroxysm of dyspnae which causes him and his friends great alarm. In some instances, it is true, this paroxysm depends upon a gradually increasing arterial tension associated with or dependent upon well marked atheromatous and renal changes, but in other instances, where such changes in the blood vessels are not marked, and where the arterial tension is not high, and where repeated examinations of the urine fail to reveal albumen or other signs of renal mischief, such a cause for the cardiac embarrassment cannot be depended upon. In many instances these attacks can be put aside by administering with the *nux vomica* and hyoscyamus that we have named, small doses of morphine either by the mouth or hypodermically. In some instances, too, where it seems advisable to aid the strychnine, or to supplant it by the use of caffeine, and where this drug tends to produce wakefulness, the additional use of morphine not only acts as a circulatory regulator and stimulant, but also tends to overcome this disadvantage in the use of the active principle of coffee. In this manner a patient may be given a comfortable night's rest, or at least not suffer from his symptoms in their most severe form. In the attack itself there is nothing which compares, among the

drugs which can be left with the family for immediate use while the physician is being sent for, with dessertspoonful doses of Hoffmann's anodyne, and, when the physician arrives a hypodermic injection of one-tenth to one-twentieth of a grain of strychnine is in the majority of cases strongly indicated.—*Therapeutic Gazette*.

Fistula in Ano.

Twelve cautions that should be observed in operating for fistula in ano:

1. Always operate under rigid aseptic conditions.
2. Be certain that all sinuses and diverticula have been divided.
3. See that the director is not forced out of the main tract into the neighboring tissues.
4. Divide the sphincter at a right angle, and not obliquely.
5. Ligature or twist all spurting vessels.
6. Guard against injuring the peritoneum when the sinus is high up.
7. Guard against cutting the vagina, prostate or urethra when the sinus is in the anterior wall of the rectum.
8. Do not operate on patients suffering from acute phthisis or Bright's disease.
9. Give patients the benefit of the sun as much as possible.
10. Do not pack the dressing tightly after the first twenty-four hours, but lay the gauze in the bottom of the tract.
11. Warn your patient of the possibility of incontinence following the operation.
12. Be guarded in your prognosis.—Dr. S. G. Gant, in *Langsdale's Lancet*.

The National Confederation of State Medical Examining and Licensing Boards will hold its seventh annual meeting at the Hotel Walton, Philadelphia, beginning at 10 o'clock a. m., Monday, May 31, 1897, under the presidency of Dr. William Warren Potter, of Buffalo. The following program has been arranged by the secretary, Dr. A. Walter Suiter, of Herkimer: Papers. (1.) Some practical experience with, and results of, the medical law

of Pennsylvania, by William S. Foster, Pittsburg. (2) The need of exact information as to equipment, methods and requirements of our medical schools, by J. N. McCormack, Bowling Green, Ky. (3) Address by Prof. J. W. Holland, M. D., dean of Jefferson Medical College, Philadelphia. (4) Remarks on medical practice laws in the new northwest, by C. K. Cole, Helena, Montana. (5) The Alabama system, by W. H. Saunders, Montgomery, Ala.

There will be an address of welcome by Dr. A. H. Hulshizer, of the Pennsylvania state board of medical examiners, and a response thereto by Vice-President Charles A. L. Reed, of Ohio; a report of the committee on minimum standards; report of the secretary and treasurer; annual address of the president; and miscellaneous and executive business will be transacted.

A cordial invitation is extended to all members and ex-members of state medical examining boards, and to physicians, sanitarians and educators, who are friendly to state control in medicine and to the advancement of the standard of medical education in the United States, to attend the meeting and participate in its proceedings.

Gastric Ulcer Associated with Septicemia.

Windal and Meslay (Sem. Med.; Brit. Medical Journal) reports the case of a patient who succumbed to staphylococcic pyemia. On opening the stomach, post-mortem, a perforating ulcer with pendicular edges, having for its base the subperitoneal adipose tissue, was found. The mucous and submucous layers were very edematous and infiltrated. Numerous sections of the ulcer were made but no staphylococci were found. It is possible that a small abscess or erosion, due to the staphylococcus, formed first on the surface of the mucous membrane, and the gastric juice then transformed a small lesion into a large ulcer. The mischief was at first doubtless microbial and afterwards peptic, the microbes disappearing as the lesion extended.

At some necropsies after death from septicemia (in one case puerperal) microbial gastric ulcers have been found. They are also found in animals killed by various experimental infections, often in the form of the initial ulceration, rarely as complete ul-

cers. In some subjects any slight loss of substance of the gastric mucous membrane may result in the formation of a round ulcer. Bacteriological confirmation of the origin of these ulcers is often likely to be wanting, and the microbe which starts the ulceration disappears, leaving behind it the round ulcer, which is simply the result of a trophic disturbance peculiar to the mucous membrane.

"Gas Bacilli" and Putrescence in Utero.

Dr. G. W. Dobbin (Johns Hopkins Hospital Bulletin, February, 1897), reports a case of puerperal sepsis due mainly to the *bacillus ærogenes capsulatus*. The patient, a multipara with generally contracted pelvis, had been in labor two days with a child of large size, and was under the care of a midwife. On approaching the bed a sweetish, offensive odor was perceptible, and the maternal genitals emitted a bubbling, crackling sound, whilst the vaginal discharge contained many gas bubbles. Delivery was accomplished with the Tarnier basiotribe, under chloroform. Immediately after it there was an explosive escape of sickening fetid gas from the uterine cavity. There was as yet no tissue emphysema. Next morning "gas bacilli" were found in the tissues of the fetus and in the placenta, and the same evening the mother died. A few hours later the body was enormously swollen and emphysematous. The fetus and the placenta were likewise infiltrated with gas, which burnt with a flame when ignited, and were infested everywhere by the "gas bacilli" along with staphylococci and streptococci. The placental blood-vessels contained gas cysts surrounded by a zone of these bacilli, cultures of which were made. A pigeon and rabbit were inoculated and rapidly developed an edematous emphysema.

These observations are in accord with those of Welch and Nuttal, who attributed many cases of supposed entrance of air into the uterine sinuses to this parasite. They also found that this bacillus when inoculated into rabbits was not usually fatal, but that if the animal was then killed the micro-organism developed rapidly, with abundant formation of gas in all organs.

Dr. Dobbin argues that in his case the bacilli were introduced by the nurse; that they found in the dead fetus, as in the dead

rabbit, a suitable nidus, and filled the uterine cavity with putrid gas; and that the mother died not from infection by the bacilli, but poisoned by the toxins produced by them, her own macerated vaginal tissues, moreover, acting as a seat of germ development.

The Doctor's Wife:

The night was dark and bitter cold,
The wind across the prairie swept,
While I in comfort warm enrolled
Snored softly on and soundly slept.
When suddenly my door-bell rang;
Infernal sound, it pierced my ears,
As on the creaking floor I sprang,
My heart athrop with direst fears
Lest one had come to call me out
Into the cruel biting blast.
I for my garments cast about,
Wishing this night-call were the last.

But oh, the best thought of my life !
It calms me now as oft before:
I'll send my thoughtful, faithful wife
To meet the stranger at the door.
She goes, and oh, the sweetest lies
That ever mortal tongue has told,
As in her artless way she tries
To say that I'm out in the cold.
"He won't be home till break of day
And then he'll go, poor, tired man.
I'm awful sorry he's away;
He'll come as promptly as he can."

I go to bed, but not to sleep;
I ponder long on doctor's wives,
The only ones who ever think
Of our rest-broken, weary lives,
I sometimes think God don't record
Those little white lies often told
To give a way-worn doctor sleep,
To save him from the winter's cold.
And if He does, I'm sure His pen
Writes very near, in letters bright,
A tender thought of her who thinks
Of doctors toiling in the night.

—W. J. Bell, in the *American Journalist*.

Skiagraphy of the Whole Body of a New-born Infant.

Imbert and Bertin-Sans (*Revue Générale des Sciences*, 1896, No. 12, p. 556; *Medical News*, Feb. 27, 1897) have succeeded with the aid of focusing-tubes in securing a skiagraph of the entire body of a new-born infant. The picture shows that the bony tissues completely intercepted the Roentgen rays, while the cartilaginous tissues permitted them to pass. Skin and muscles presented appreciable differences in transparency. The teeth could be seen in their alveoli, and the tympanic ring, the vertebræ, with the several parts constituting the sacrum, the three bones forming the innominate, ribs, scapulæ, etc., were distinguishable. Small points of ossification in femur, tibia, lateral processes of the sacral vertebræ, patella, tarsus, etc., also could be made out. The procedure will thus permit a recognition in the living child of the parts already ossified and the parts still cartilaginous, and the following by successive pictures of the progress of the process of ossification.

The Increase of Insanity.

To the careful and conservative student of lunacy in the United States it becomes more and more apparent that there obtains from year to year a constant and alarming increase in the number of lunatics and feeble-minded people in this country. Whether from heredity or vicious practices, this fact remains indisputable. From 1870 to 1890 the number has grown in proportion to the population over one hundred per cent. It does seem for the social welfare that some radical means should be at once adopted to relieve this condition, and it is greatly to be feared that the present system of treating lunacy is at fault or this increase would not be in evidence. Too little stress has been placed upon the importance of detecting and treating insanity in its earlier stages and of seeking out and providing against hereditary transmission. The system of treatment and discharge prevailing in asylums has associated with it many evils. The patient is admitted and treated for the ailment and then discharged, cured to all outward appearances, but really retaining in his system the seed of the disease, which is more than often

communicated to his children. It is indeed fair to suppose that the army of 12,000, which is discharged yearly from our asylums, propagate their species with considerable activity and direful results. Heredity is probably the parent of all disease and a revision of our marriage laws to the end that a person of unsound mind should not be allowed to marry, would probably bring about much happier consequences.—

A Physician's Duty.

The public has begun to realize that vast strides have been made in the practice of medicine and surgery during the past decade, and that the physician who is best able to cope with disease is he who has kept in the front rank of medical progress. This recognition from the public has had its effect upon the profession, for many of the "contented-with-my-own-knowledge" physicians have found it necessary to "brush up," to pay more attention to recent progress in medicine, and less to the cut of their beards, more to familiarity with medical books and journals, and less with the town meeting and court-house ring. This has been brought about by the fact that their competitors are young men, who know that accurate knowledge is of more practical service in fighting disease than the wisest looks and solemn silence of the would-be leader in medicine. The result is the young man is doing his duty and winning his way; he, too, is aware that he cannot hold what he wins unless he maintains his position among the student-physicians; the workers, who are always alert and appreciate things new, which are of value to them in accomplishing the one great object, that of saving life and relieving distress.—*The Medical Fortnightly.*

The Tuberculin Test and Dairymen.

At the last meeting of the Brighton and Sussex Medico-Chirurgical Society the following resolution was passed:

That preference, in the opinion of this society, should be given in obtaining milk supplies to such farmers and dairymen as guarantee that their cows have been properly subjected to, and have failed to react to, the tuberculin test for tuberculosis.

It was subsequently decided to send a copy of this resolution

to the local press and to the local governing bodies. The resolution appears to us one that might well be passed by every medical society throughout the country. Apart from any immediate practical effect it will have a wide educational influence, which is certain in the future to bear fruit. The more attention is drawn to the immense value of tuberculin as a means of detecting bovine tuberculosis the better for the public, and indirectly for both butchers and farmers. Butchers can, by insisting on a warranty, protect themselves against the possible confiscation following the slaughter of deceased animals; and farmers, when brought face to face with the practical problem, will find that it is to their advantage to apply the test to their cattle, to carefully isolate the reacting animals, and to disinfect and limewash the stalls which they have left. By these means there is every reason to hope for a great diminution of bovine tuberculosis in this country; and it is not unreasonable to expect with this a reduction in *tabes mesenterica*, etc., among children and invalids. We understand that in Brighton one enterprising dairy already advertises the fact that all cows from which its milk is supplied are guaranteed free from tuberculosis as proved by the tuberculin test. This is a matter of great importance to doctors who have to order milk for delicate persons and for children; and it may be hoped that other dairymen will speedily follow suit.—*British Medical Journal*.

Action of Drugs on the Leucocytes of the Blood.

G. Wilkinson, in the *British Medical Journal* of September 26, 1896, gives the results of his studies of the action of potassium iodide, pilocarpin nitrate, atropine sulphate, digitalin, carbolic acid, turpentine, camphor, antipyrin, quinine hydrochlorate, salicin and sodium salicylate, injected into animals. The first effect of the injection is to cause a diminution in the number of leucocytes per cubic millimeter. The degree and duration of the diminution varies with the drug employed, but with all those mentioned above, unless the dose was very small, its occurrence was recognized when the blood was examined sufficiently early. As a rule it was not of long duration; but a notable exception

occurred in the case of one of the experiments with quinine hydrochlorate. A large dose (0.7 gramme) of this drug caused death of the animal two days after the injection; the blood was examined frequently between the time of injection and its death, and on every occasion the scantiness of the leucocytes was very striking. Coincidentally with the diminution in the total number of leucocytes, there was a distinct increase in the proportion of the mononuclear to the polynuclear varieties.

Diagnosis of Disease of the Hip Joint.

Irving S. Haynes, (New York State Medical Reporter). In hip joint disease there is usually a tubercular history in the family, and a pretubercular stage present. The disease begins insidiously, develops slowly, and presents the symptoms of a low grade inflammation, subject to exacerbations resulting from increased irritation from undue use of the joint, or changes in the weather. Pain is almost never felt in the joint itself, but on the inner side of the knee, leg or ankle. A limp, not marked, not constant but coming and going at first, but later becoming established, is significant of tubercular disease. Atrophy appears early and may be the only positive sign at the first examination. Err on the safe side and watch such a case. Muscular spasm is also an early symptom. It may not be marked, may limit the motions in only one or two directions, but when present is a sure indication of hip joint disease.—Archives of Pediatrics.

Total Hysterectomy at Term—Contracted Pelvis.

Pinard and Segond treated a pregnant woman who was much deformed. There was scolio-kyphosis and asymmetrical pelvis; the anterior and posterior bony boundaries on the right side almost touched. It was agreed to let pregnancy go on to term and then to remove the uterus. On December 16, 1896, the operation was performed directly pains set in, term having been reached. A very free abdominal incision was made; then the uterus was pulled out, and immediately afterwards the upper part of the wound was closed by forceps applied to its edges so as to prevent prolapse of intestine. The elastic ligature was applied and the child extracted; it weighed ten pounds, and was living and strong. Then the placenta was extracted. Pressure forceps were applied to the edges of the wound in the uterus, and that organ was then amputated, with its appendages, by a continuous incision from left to right. On January 19 the patient was quite well.—British Medical Journal, Feb. 19, 1897.



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Dr. Jerome Cochran.

Dr. John B. Hamilton, who delivered the address on State Medicine at the recent meeting of the American Medical Association, held in the city of Philadelphia, in beginning his paper paid the following beautiful tribute to the memory of Dr. Jerome Cochran:

Mr. President and Colleagues: I stand here today by appointment in the place of the late Dr. Jerome Cochran of Montgomery, Ala., whose preëminence in the science of preventive medicine easily singled him out from among his fellows as peculiarly fitted to deliver the annual oration in State Medicine. His vast erudition, extended experience and long public service made him facile princeps in all matters relating to sanitary work. Few have spoken with better right or with greater authority.

This is not the proper place to pronounce the eulogy of Jerome

Cochran; that was done in this hall yesterday, but the world knows of his life and his work. The laws of Alabama, which furnish us today the best model for medical legislation in other States, were largely the handiwork of Dr. Cochran, and the medical profession of that State is under enduring obligations to his memory. It was my good fortune to have known him well, and to have served by his side in trying times; and in all matters relating to the public health of the State in which he was so long State Health Officer, it is safe to say that Dr. Jerome Cochran, whether engaged in investigation of an epidemic, inspection of quarantine or in the daily routine of office work, was master of the occasion. No weakness! No concessions! No trimming! Faithful to his trust always, loyal to his State and industrious beyond the habit of most men, he has gone to his rest, full of years, full of honors worthily won, with the love and admiration of his immediate colleagues and the respect of all his professional brethren throughout our country wherever located. His knowledge was encyclopedic, and there are few by-paths in sanitary science which he had not explored.

In person and manner he seemed at times austere, but those that knew him knew that under that rugged exterior there dwelt a soul as full of sentiment as a woman's and a heart as tender as a child's.

Blow softly, sweet South wind, over his resting place, and disturb not this laurel leaf we gently lay upon his tomb.

At the jubilee exercises (fiftieth anniversary of the founding of the American Medical Association), which exercises occurred the day before the reading of the paper by Dr. Hamilton, referred to above, Dr. W. H. Sanders of Mobile offered the following resolutions relative to the death of Dr. Cochran:

1. Resolved, That in the death of Dr. Jerome Cochran, late State Health Officer of Alabama, this association has lost one of its most loyal and useful members, the science of medicine one of its most devoted followers and the great cause of sanitation one of its foremost pioneers and ablest expounders.

2. Resolved, That the career of Dr. Cochran was signally marked by unrivaled achievements in the cause of medical organization and by illustrious services in the field of preventive medicine.

3. Resolved, That the death of such a man is nothing less than a public calamity, and so regarding it, we bow in sad submission to the immutable decree that deprives the human race

of his wise counsels, his fruitful labors and his sublimely unselfish devotion to its broadest, deepest and most far-reaching interests.

After reading the above resolutions, Dr. George M. Sternberg arose and said: I desire to second the resolutions offered by Dr. Sanders. I knew Dr. Cochran well. I have met him under trying circumstances. We all appreciated his loyalty to the profession, his good judgment and his earnest work, especially in the Department of State Medicine, and I wish briefly to mention one circumstance under which I saw him to best advantage. It was during the yellow fever epidemic at Decatur, and I asked permission of the President of the United States to go there for the purpose of continuing my yellow fever investigations. Among the first men I met was Dr. Cochran, who had been on the ground from the first. He stood by the local physicians during the epidemic from first to last. He visited my laboratory daily and took the utmost interest in the researches I was conducting. There is one incident that I would like to mention in this connection. An old practitioner of that town, who came to visit me within a day or two after my arrival at the laboratory, said he was ready to do anything he could for me. He died within a week and left instructions that I could have his body. This is the kind of men we had there on that occasion, and Dr. Cochran was the leader among them.

Dr. Henry D. Holton—In arising to further second the resolutions, I cannot forbear to speak of the long acquaintance, of the love and respect which arose from that acquaintance with Dr. Cochran. We know that his whole heart and soul were in the progress of medical science, of sanitation, of doing good to his fellow men. His life was so gentle and the elements so mixed up in him that all nature could stand up and say, "Here is a man." Mr. President, time is too far spent for any lengthy eulogy, but those of us who remember Dr. Cochran cannot do better than to try and follow his noble example. He directed all his efforts to increase the efficiency of medical education; he directed his efforts in sanitary science to relieve suffering, to prolong life, and like a seed planted which shall grow to a goodly tree, it shall shed its fruit when time shall have flown down the gulf of eternity. I move, sir, the adoption of the resolutions.

Dr. W. H. Sanders—I am aware that the patience of the association has already been greatly taxed, and I would not impose upon it further, but Dr. Cochran in his life work and good judgment instilled some of the fundamental principles underlying the organization of the medical profession of my State, which

principles I believe would be useful if announced to this body. But your time has been already too much taxed, and I fear it would take too much of it to undertake to point out these principles now, but I hope may have an opportunity of doing so some time in the future.

Dr. Liston H. Montgomery—In further honoring the memory of Dr. Cochran, I move, as an amendment, that these resolutions be adopted by a rising vote.

The motion as amended was then unanimously adopted.

The Code of Medical Ethics.

Over in Georgia—or more specifically, we should say in the city of Atlanta—the Medical Association has had trouble with some of its members who have been violating the rules and regulations of the association. As is sometimes the case, the newspapers, or one paper in the city at least, has made some criticism of the ethics of the profession. The Medical Society appointed a committee consisting of Drs. J. C. Olmstead, W. S. Kendrick and J. S. Todd, to formulate a reply to the criticisms. Their reply is as follows:

In view of the fact that recent publications in the daily press of this city have given great notoriety to the proceedings of the Atlanta Society of Medicine, and, further, that the “code of medical ethics” which this society professed to maintain has been grossly misrepresented and perverted by such sensational articles, to the manifest impairment of the dignity and influence of our honored profession, your committee respectfully recommends that this report be published in the interests of all concerned. A wise man has well said that “there is nothing so dangerous as ignorance,” therefore, for the enlightenment of those ignorant of the true spirit and intent of the “code of medical ethics,” we would state that only the grossest ignorance or most malicious perversion of the truth could possibly distort this wise, beneficent and moral instrument into “an antiquated engine of torture,” “a relic of the dark and barbarous ages,” “dragged forth” by “a set of jealous and rusty old fogies” for the “inquisitorial” purpose of “crushing out the progressive spirit, rising genius” and “advanced views” of “enlightened doctors in their skillful efforts to relieve suffering humanity.” The medical profession, especially as organized in its various societies, like every other organization, be it a church, a court of law or any other civic body, has its laws, its regulations and methods of pro-

cedure. The common experience of mankind has shown the imperative necessity of such laws and regulations and for such standard of conduct or "ethics," where the beneficent and far-reaching results of united and harmonious organization are sought. The medical profession is no exception to this law. It would indeed be strange if it were otherwise, for surely there is no profession or calling in which the interests of society in general are more vitally and delicately involved! Hence it is we find that the medical profession has a code of laws or "ethics" governing its members in their varied duties and relations to the public and to themselves. This code, as we now have it, is the result of the experience and practical test of many centuries. It is true that our present code, which is that of the American Medical Association, is but little more than forty years of age, yet, looking backward, we find that its essential principles were inculcated in the famous "oath of Hippocrates," the so-called "father of medicine," and was administered to members entering our profession some 357 years before Christ. Our benevolent and noble calling, in its history, indeed, extends so far back into the past that its history, in the proper sense of that term, is lost in traditions amidst the shadows and glooms of a remote antiquity. It was probably coeval with "man's necessity," and in its divine gifts illustrated "God's opportunity." The very heathen, as we term them, of ancient Greece and Rome claimed our origin from one of their gods, Apollo, yet as "the thoughts or men are broadened with the process of the times," even so has our loved profession advanced with the enlightened "spirit of the age." Emerging from darkness, it has seen the dawn of a better day, and has endeavored by its principles incorporated in its "code of ethics" to illustrate the teachings of "the Great Physician," "Whatsoever ye would that men should do to you, do ye even so to them." In enforcing its mandates and demanding allegiance to its principles, this code does but claim "that which is lawful and right." Liberal and true, the "code of medical ethics" has been established by this profession, which has been compelled to recognize that as in the case of the church, yea, even of "the twelve" who followed Christ, there are those unworthy of their high calling. From earliest times there have been those who, under the name of physicians, prey upon the necessity and credulity of mankind. Our code, so far from "repressing discovery" or "retarding" the perfecting of its art, encourages and even demands that each of its members shall contribute of his talents, be it one or five, to the advancement of all and the good of mankind. Through our medical societies do is to name the baby and its needs will be specifically supplied.

and medical periodicals such discoveries and improvements are made known, are tested and accepted or rejected, and that after careful and wise investigation; they are not paraded to an un-instructed and credulous public through the medium of paid or other advertisements in the secular press. Such is the genius of our code, standing pure and uncontaminated amidst certain influences of this age, which tend to lower our standard of professional honor, she reaches out her hands and cries, "Entreat me not to leave thee!" We compel no man to join our society, but to those who do we say, "You shall not for mere unscrupulous private gain and personal advertisement, regardless of the means employed, appropriate the cloak of an honorable profession!"

The Real Gravamen.

At a meeting of the Jefferson County (Ala.) Medical Society held in the city of Birmingham June 8, one subject for discussion was counter prescribing by the druggist. Judging from the interests shown and the discussion elicited, there must be a serious evil of this character existing in Alabama. The St. Louis Medical Clinique on the subject says:

Amid all the excitement which has been aroused in the whilom quiet sea of medico-ethical life, one of the most dangerous mine-sappers to the foundation of practical medicine seems to have been altogether overlooked or ignored. We refer to the drug store counter prescriber. Let a physician stop for fifteen minutes in any of our city drug stores and watch the panorama which passes before him, and then answer if Othello's occupation is not well nigh gone. We speak advisedly when we say that fully three-fourths of the treatment received by the general public is at the hands of the druggist or his clerks, men utterly ignorant of the anatomy and physiology of the human organism, and to whom pathology is an unopened book. Right before your very eyes, unblushingly the druggist will listen to a patient's complaints and tell him that he can cure him of "all the ills that flesh is heir to," simply from his knowledge of the labels upon the bottles of his drugs, will save him a doctor's fee and all the inconveniences incident to regular treatment. Now, so far as homœopathy is concerned, this may be all en regle, for these people do not hesitate to declare that all they have to do is to give the patient the dose of the remedy. But in rational medicine such practice is not only illegitimate, but it is carried on at grave and serious risk to the well being of the community. There is no subject in the whole realm of medicine which is more generally misunderstood and abused than

The druggist listens to the tale of woe and smilingly answers: "My dear sir, I can cure you. I have here a remedy never known to fail. That pain in your back is kidney trouble." Mirabile dictu!—as though kidney trouble was a distinct and specified entity in itself alone. Then he will, perhaps, go further and say: "Dr. Blank prescribes this every day, and he cures all of his patients. Now, you need not pay him two dollars for a prescription, when for the mere price of the drug you can get the same treatment that he would give you." He does not stop to differentiate, to analyze the causes and condition of the case—oh, no, a few general symptoms, a backache, a headache, a constipation or a diarrhoea is sufficient basis for treatment, and he proceeds to dish it out, perhaps, in the presence of the very physician from whom he has obtained the prescription in compounding it for some other case that has recovered under regular treatment. The profession of medicine does not realize to what an alarming extent this custom prevails and what a serious menace it is to the progress and development of our science, to say nothing of the legitimate revenues of which it robs us. We have seen a patient come into a drug store suffering from the first stages of pneumonia, upon whom the druggist forced a patent cough syrup for which he paid two dollars, the fee of a regular prescription. Great was the mortification of the druggist and the patient on coming from behind the prescription counter to face the physician to whom they both had owed so much in the regular professional life. And this is not all. Wait for a few minutes to hear telephone calls. Most likely will come a hurried question, the nature of which is clearly indicated by the reply.

"How often did you say take this medicine?" Reply—"Three times a day." Another reply—"Yes, after meals." Still another—"No, do not take off the blister. I will come by as I go home and dress it myself." Another—"No, you don't need any doctor. I will bring you all the medicine you want." "All the

medicine you want!" God save the mark! Would that we could, after years of labor and the expenditure of fortunes, and the tedious hours sitting at the feet of all the Gamaliels of the medical world, and the sleepless nights and wearisome days in the world's greatest hospitals, would that honorable medical men could truthfully say the same of any case—"We will bring you all the medicine you want." But we cannot do it without the telling of a willful lie. But "fools rush in where angels fear to tread."

Now, again, even if the druggist does occasionally condescend to take the physician into consultation upon a patient who has brought a prescription to be filled, if he does not happen to have some remedy in stock that the physician particularly desires, he will say to the patient: "I know what the doctor wants, and I have a much better preparation than the one he has ordered, which I will substitute," and forthwith he does it, perhaps introducing into the conditions of the case a pathologic factor not present before, to the consternation of the physician and discomfort, if not the supreme danger, of the patient.

Now, this is no fancy picture; it occurs every day and almost without exception in every drug store. If a doctor without a license should do this, the four courts would interview him instantaneously, but the druggist retires behind his license to sell drugs over the counter, thus violating in a most dangerous way the spirit of a law intended to protect the community from empiricism and quackery of every sort.

We must find some remedy for this—some radical remedy, too. The question confronts us at once, "How can you reach these violators of law and professional prostitutes of medicine?" By a sweeping law, absolutely prohibiting the delivery of medicine to any patient except by the prescription of a licensed physician.

There is no emergency so great that a physician cannot be easily procured at a moment's notice; of course, cases of great emergency do not come in this category, and any one with common sense will see this at a glance. Now, we must get at this—get at it at once. It is ruining our profession and making us a laughing stock in the community. We are cutting our own throats in thus permitting the pharmacist to reap all the legitimate fruits of our labor and our skill. Berlin does not permit it. London has weeded out these pharmacal quacks, root and branch. New York glories in the purity of her prescription drug stores. Why may we not rid St. Louis of this canker-worm which is feeding upon the very vitals of the profession?

Editorial and Miscellaneous Notes.

The next meeting of the American Medical Association will be in Denver.

Lookout for the medical college announcements in the Age next month.

Our readers will confer a very special favor if, in writing to advertisers they will mention the Age.

Dr. S. L. Ledbetter is now in Europe, where he will spend a few months in the hospitals of the old country.

The New York Polyclinic will complete the new building in time for the fall term. This school is popular with Southern physicians.

Physicians in Alabama who expect to attend the Medical schools of New York next fall and winter will confer a favor on us if they will notify us of the fact.

Dr. E. C. Ghent, formerly of Calhoun county, Alabama, but now of Belton, Texas, attended the American Medical Association, and on his way home, spent a few days with old friends in Alabama.

We request the doctors in Alabama to send us contributions for publication in the Age. Short and to the point articles, reports of cases, or anything of interest to the medical profession. Send it to the Age.

The announcement is made that Dr. J. D. S. Davis of Birmingham and the beautiful and highly accomplished Miss Margaret E. O'Brien will be married on the 15th of July (next month). Dr. Davis is already receiving many congratulations from his numerous friends.

Dr. J. McF. Gaston of Atlanta, Ga., spent a day in the city of Anniston during the past week. The good doctor called on

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us and spent an hour in our office, which we enjoyed very much. The doctor was called here professionally, and we were sorry he could not stay a longer time in the city.

At the banquet given at "Hotel Walton" by the Gynecological section during the session of the American Medical Association, Dr. W. E. B. Davis was selected by the committee of arrangements to respond to a toast. The doctor's speech was short, but to the point, and his suggestions elicited many complimentary remarks from those who followed him.

The following physicians from Alabama attended the American Medical Association at Philadelphia: Drs. B. S. Warren of Clayton, W. H. Sanders of Mobile, George S. Brown, Ella Barnes, J. T. Coulborne, W. E. B. Davis, S. L. Ledbetter, Birmingham, and John C. LeGrand of Anniston.

We call especial attention to the new advertisements in this issue of the Age, especially to that of R. W. Gardner of New York and Henry K. Wampole & Co., of Philadelphia. We shall have something to say of their preparations in a future issue of the Age.

We regret exceedingly that a very sick patient prevented us from attending the Mid Summer meeting (Wednesday) of the Eighth Congressional District, held in the city of Huntsville, Ala., the 15th and 16th of this month. We got as far as Birmingham, but had to return. We hope to have a good report of this meeting, and a number of papers for publication in the Age.

In the mention in last month's issue of the Age of the whole-souled, up-to-date good doctors of Selma, Ala., the printer made us say Dr. Ritber, when we said Dr. Ritter, and the same fellow inadvertantly omitted the name of Dr. Goldsby King, in the list. Dr. King is one of the physicians of Selma who is thoroughly devoted to his work and has established a well equipped sanitarium in the city, under the most modern improved methods and is doing much successful work.

One of the most horrid cases of malpractice we have heard of in years, occurred in Glenmore, N. Y., a few weeks ago. A medical man, too drunk to know what he was doing, in his delirious frenzy, undertook to perform craniotomy on an unborn child, though everything, according to reports, was normal. He sent the father out into the yard to find a heavy wire. One was secured from the rim of an old rusty pail. This the doctor fixed to suit his fancy, and, after sharpening the end, proceeded to operate with it. Drunken doctors should be locked up until they are sober, and, if found frequently drunk, the law should forbid them practicing their profession.—Ex.

No, we are not an unreasonable and irritating stickler for the observance of the Code of Medical Ethics, but we believe in the right, and the observance of the rules and regulations which, as a conscientious member of a high and honorable profession, we are bound to maintain to the best of our ability as such, and as a journalist, we shall continue to uphold as we understand it—the code—and shall insist that a true interpretation of the letter and spirit of the code by every member of the medical profession in our State will bring a genuine reign of fraternal relationship which will, day by day, add glory and honor to the profession and peace and happiness to the people whom we serve. The pen of this editor will be pushed in advocacy of this cause, with the hope that all who love the medical profession and its sacred position may approve.

TO PLUG THE POSTERIOR NARES.

Twist up from three to six loops of stout thread twelve inches or more in length, leaving one thread hanging, the rest being waxed so as to form a rigid mass, which can be inserted into the nasal cavity as far as the posterior wall of the pharynx. The extremity is seized by means of a forceps through the mouth, and brought outside of the lips. The thread is then separated and a cotton tampon attached to fill the posterior nasal orifice. This is placed in position by drawing upon the threads which project from the nostril with the aid of a finger in the mouth. Leave hanging in the pharynx an end of the thread with which to extract the tampon.—Stephen. *Med. Record.*

SONET—THE PASSING OF THE GREAT.

How swiftly sweeps the unyielding broom of Time!
How greatness fades into the twilight dim!
Dragged into night by forces grim
That ruthlessly crush out a fame sublime.
Alas for human greatness, who can know
How far his light may shine adown the age?
Or what his space may be on history's page?
Or what his influence on the life below?
For Fame is more uncertain e'en than Love,
Naught that is done by man to man is shown
Till Death his earthly merit comes to prove,
And vain regret makes fruitless memory known.
"Seven cities claimed a Homer dead
Through which the living Homer begged his bread."

—Thomas Osmond Summers.

INFLUENCE OF STARVATION ON MICROBIC INFECTION.

Tessier and Guinard recently reported to the Académie des Sciences (*Le Progrès Médical*, February 15, 1897) a comparative study of the effects of the pneumococcus and the toxin of diphtheria on dogs which were fed and those which were deprived of food. It was found that the latter strongly resisted the action of the toxins, and in many cases proved quite refractory to them.

The observations are of great interest from the bearing which they have on the feeding of patients suffering from infectious disorders.

INSURANCE EXAMINERS.

The professional pay of medical examiners is not in proportion to the pay given other insurance officials. This stands. There is no doubt that there are many medical men whose services can be secured at the rates paid, and who give satisfaction to the companies, but rates below those quoted are much more frequent, three dollars in Ohio being the amount usually paid, while many are paid two, and as low as one dollar. From such paltry rates rebates are sometimes demanded by the agents, and, worst of all, they get them. Hence, it will sometimes be found that where two or three examiners are located in one place one of them will obtain all of the business, while the other is conveniently left.—Cincinnati Lancet Clinic.

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Original Communications.

REMINISCENCES OF THE LIFE OF A MEDICAL STUDENT OF THE LONG AGO!

BY CLAUDIUS HENRY MASTIN, M.D., A.M., LL.D.,

MOBILE, ALA.

"There are Voices of the Past,
Links of a broken chain—
Wings that can bear me back to times
Which cannot come again!
Yet God forbid that I should lose
The echoes that remain!"

It was away back in the forties when the writer, fresh from his academic studies amid the classic shades of the University of Virginia, returned to his home in that beautiful little city, which, famed for its refinement, its culture and its wealth, nestles in the mountains of North Alabama.

Having decided to make the medical profession the calling of his life, he made no delay in selecting a suitable preceptor, who would superintend his elementary studies; and with this in view he arranged with an accomplished physician, who had spent several years abroad, to take him as a private student and prepare him for lectures at the University of Pennsylvania.

Then, as now, this University was the most famed of any other medical school in the Western Hemisphere; and as its requirements for admission were that every candidate for her degree should have studied medicine for three years, eighteen months

of which time should be spent in preparation under the tuition of "a respectable practitioner," preparatory to entering upon a course of lectures, hence the writer, in accordance with this requirement, began the study of medicine on the 6th day of April, in the year 1846!

Having been trained in the way of systematic study during his academic years at the University of Virginia, it was no hard task which he had imposed upon himself, and he soon began to make progress in the "text books" placed in his hands by his preceptor.

The first book which he began to study was the now almost forgotten work of John Bell, "An Anatomy in Two Volumes." This, I remember, was an awful dry book to read, and only after an opportunity for dissection was had, did it become in the least interesting. Still, by dint of hard study the bones were mastered, and then it became much easier to comprehend the muscular structure, and subsequently the various organs of the body.

In conjunction with Anatomy I read the work of William Carpenter on "Human Physiology," and thus got my first insight into the process of life! Having read physiology and stood weekly examinations upon that and Anatomy, my preceptor informed me that I had best take up "Materia Medica and Therapeutics," and thus I was instructed to read the "Elements of Therapeutics and Materia Medica," a work in two volumes, by Nathaniel Chapman (one of the professors at the University of Pennsylvania). This work was then the standard on the subject of which it treated, and was written in the clear style which characterized all of Chapman's writings. It was much more interesting than the two volume work of John Bell, which I had just finished reading, and kept upon my table for occasional reference, as now and then I might desire to refresh my memory upon some point which had escaped it! Still, with all the force and clearness of Chapman's style, his ideas of many therapeutic points were obscure, and, being often undecided, did little more than communicate what he himself had tried, and left the rest to others for further inquiry! As an elementary treatise it was eminently so!

My preceptor thought differently from most office instructors,

and advised me against the waste of time in reading any one of the systematic works on the "Practice of Medicine." His idea was that the firmest foundation of a medical education was the one laid in the principles of medicine; and that, as a knowledge of Anatomy and Pathology was the groundwork of all surgical success, so also was it necessary to be grounded in Physiology, Therapeutics and the principles of medicine before the student should spend his time in reading any one of the special treatises upon the practice. With this idea, he placed in my hands the work of Charles Williams, entitled "The Principles of Medicine."

At that date there was no work which treated fully of General Pathology and its application to practical medicine; and when this book of Williams, issued from the London press in 1843 (just three years before the time of which I write), it may properly be considered the first work published upon the important subject of General Pathology applied to the practice of medicine. It is true that there were other works treating of Special Pathology, yet none which bore directly upon the practice of medicine. This small book of some four hundred pages was read and re-read with avidity, for it became interesting as it opened up to my mind the true philosophy of the subject of medicine, and gave me an insight into the wonderful workings of nature! As physiology had shown the working of the organism in health, so did this little work of Williams teach me the changes wrought by disease, and prepared me to understand the etiology, nosology, semeiology, diagnosis and prognosis of the various ills to which flesh is heir. It is now an old and almost forgotten work, one which few of the present age and generation have seen, and very few have read—still it is a work of very great value, and many of the students of today, would reap a harvest of instruction from its perusal!

Following as a sequence to this work on the practice, I began the reading of surgery with the two volume work of John Dorsey, which was the first systematic treatise on Surgery which, at that time, had been published in America. It was little more than a rehash of Philip Sing Physic's lectures on surgery, at the University of Pennsylvania, and taught nothing of the true prin-

ciples of Surgery. Physic was the uncle of Dorsey, and having no inclination to write himself, or leave to the world the rich store of surgical learning which he had acquired under the teachings of Astley Cooper, and Abernathy in England, his nephew, John Sing Dorsey, essayed to become an author, and embraced the opportunity of putting in book form the cases and teaching of his uncle, Dr. Physic. It was a sort of family enterprise and gave rise to the saying: "Dorsey Sing Physic, and Physic Sing Dorsey." The book served to while away the hours of hot afternoons, but was of little value as a surgical treatise; and very little real surgical information was gained from it! In connection with Dorsey's Surgery I read Liston's Elements of Surgery, and also the Principles of Surgery in four volumes by John Bell. These works were true expositions of the Art of Surgery at that date, and even now, when surgery has almost reached the state of a science, they may be consulted with profit.

Having devoted the usual study to chemistry whilst at college, my preceptor thought that there was no necessity for me to consume my time with that branch, but leave it until I should have the advantage of laboratory instruction at the University. Having gone through a very thorough course of reading of Anatomy, Physiology, Principles of Medicine, Therapeutics and Surgery, there remained only the branch of Obstetrics to complete the requisite course and term of study before I was considered prepared to enter upon a course of lectures; and he placed in my hands the work entitled "Dewees' System of Midwifery." This book, although not the first original treatise upon the subject published in this country, had attracted the attention of European writers to American authorship. It deviated from the principles of the English authorities, and, while resting upon those of Bandelocque, who was the exponent of the French school of obstetrics, presented so much of original thought and observation as to bestow a high reputation upon the author! To an American, therefore, the appearance of Dr. Dewees' work on "Midwifery" is an important epoch in the history of our science, as being the first regular attempt to think for ourselves on Tokology, and to contribute to the onward progress of this important division of medical science.

I read that book with very great care and attention, and from it I learned the important principles governing the parturient woman, which, during my professional life, have oftentimes relieved me from doubt and anxiety in which I have found myself placed in the lying-in room. During the eighteen months of office study I did a good deal of reading in other books than those prescribed by my preceptor, of which I may mention "Good's Study of Medicine," "Rush's Medical Inquiries," "Potts' Surgery," etc., etc. In fact, I lost no time, night nor day, but consumed every hour in the close pursuit of a knowledge of the profession. The truth is, I read more than I could properly digest, and read a vast deal which was of no practical value!

During the winter of 1846-7 I devoted much time to practical anatomy, and as my preceptor was a man who kept pace with his studies, he had arranged an office which was in every way suited to the necessities of a medical student. The office had been built especially for his own use, and in the second story there was a well appointed dissecting room, with all the requisite appliances, and so constructed as to be absolutely private. It was here that I took my first lesson in practical anatomy, and some of the incidents connected therewith come back to me, after long years have passed, with vivid remembrance.

I can never forget my first experience in procuring a subject for dissection, and as it will serve to illustrate the manner in which such work was done in those days by students of medicine in the country, it may not be out of place for me to describe it. It so happened that soon after I had mastered Anatomy sufficiently for me to dissect with a proper understanding of the subject, a criminal was executed by hanging, for the murder of an old man and his wife, who were supposed to have a sum of money secreted about their house. As the laws of the State of Alabama provided that the bodies of all criminals executed within her limits should be delivered to physicians for dissection, if they requested it, there was no difficulty in thus procuring my first "subject." I remember it as if it were but yesterday, and I now recall how "old Ben" (the office man) procured a cart and horse, and when night came on we started for an old dilapidated

house, situated on the commons in the suburbs of the town near where the execution had taken place. By arrangement with the sheriff of the county the body had been placed in this old shanty until such time as it would be delivered to me "upon a requisition from Dr. B——, who claimed it for scientific purposes!" The night was dark and the expedition fraught with excitement, for it was no less an occasion than one of procuring a human body for dissection. This was my first—but by no means my last—experience in this kind of work. Consequently I was "wide awake" to every incident of the trip. Ben (who, by the way, was an old resurrectionist, having served the doctor in this capacity on many similar occasions) was well trained in the art of handling "a stiff," and hence made short work of depositing "Martin" in the cart, and we started by a circuitous route to reach the doctor's office, in the upper story of which was located the dissecting room before mentioned. It was then late at night, and the quiet little town was fast asleep when Ben and myself reached our destination and proceeded to unload our treasure. The criminal was a large, powerful man, and it was no easy task to take him from the cart and carry the body up a narrow flight of steps to the second story and then place it upon the table! Still we did it, and thus was placed my first subject for the practical study of anatomy.

How well I improved the opportunity might be told in a sequel of after years how the early and diligent study of anatomy lays the foundation of a successful surgical career.

Through the long winter nights, with no one else within that office, I have worked until the small hours of the morning warned me that my "tallow dips" had burned low in their sockets, and that it was time for some rest to be had.

It was there that I acquired, by careful and painstaking dissection, a knowledge of anatomy which has made other studies less a drag and served me many a useful purpose in my after surgical life. During the winter I was never without an abundance of anatomical material, for with Ben's assistance I was kept well supplied. Whenever a subject was needed Ben was sure to have one located somewhere within a radius of six or eight miles

from the town, and the country grave-yards furnished all that were required. He always kept posted as to when and where there had been a funeral, and was always anxious to go and "dig up dat dead nigger."

A negro is a strange being, full of superstition, a believer in ghosts, hobgoblins, sprites and witches; he is yet susceptible of being trained to be the most valuable and trustworthy fellow about a dissecting room. He does the work of procuring cadavers with better judgment and more secrecy than almost anyone else, and, as was the case with old Ben, he really enjoys the excitement incident to the occupation!

Having completed my term of eighteen months' office study, and the time approaching when the lectures were to commence, I arranged for my journey from my home to the city of Philadelphia! In those days there were very few railroads in the country, compared with the present network of lines which give rapid transit to long distances, and the main communication was by stage coach. This was a tiresome way of travel, and the trip which is now made in less than two days then required as many weeks. Still there was no choice left save to take the line of stages from North Alabama to Louisville, Ky., and thence by steamboat to Cincinnati, and up the Ohio river to Wheeling, in West Virginia. This required six or eight days and nights, and when I arrived at Wheeling I had to take another line of stage coaches over the mountains to Cumberland, at which place I got a railway to Baltimore, and thence by boat down the Chesapeake Bay and up the Delaware. I reached Philadelphia only after ten days and nights of the most fatiguing travel!

(To be Continued.)

CHLOROFORM AND ETHER NARCOSIS.

BY BR. W. H. WILDER,

BIRMINGHAM, ALA.

Read before the Jefferson County Medical Society, June 28, 1897.

Perhaps I should begin this brief paper this evening by apologizing to this society for writing on such a common-place subject, but as most of us in the general practice have to deal generally with such subjects, I trust that a few minutes spent in the study of chloroform and ether narcosis will not be useless expenditure of time and thought.

The performance of surgical operations without pain was as much of an ideal dream of the older surgeons as is perfect asepsis and perfect results in all cases the dream of the surgeon of today.

In order to accomplish this end they had various remedies, such as opium, cannabis indica, etc. Vapors from certain kinds of hemp, also those from pouring acetic acid on a pulverized marble called the stone of Memphis, were used, and besides these, they had numerous concoctions, but all proved insufficient. As ridiculous as it may seem to us now, they even tried excessive blood-letting.

When we consider that surgical operations in those days were always attended not only with most excruciating pain, but also profound shock and nearly always death, we cannot but reckon the discoverers of anesthetics amongst the greatest benefactors to mankind. The discovery of our modern very efficient anaesthetics, however, was not made in a single day; nitrous oxide (laughing gas) as a chemical product was discovered by Priestly in 1776, and we find that Sir Humphrey Dasey, as far back as 1800, reasoning from his researches and laboratory experiments upon animals, was urging upon our profession the use of nitrous-oxide as an anaesthetic. But it was not until forty-four years later when a New England dentist, Dr. Horace Wells of Hartford, Conn., used this gas in extracting a tooth, and its use nearly ever since has been confined to dental surgery. Sunbeiran of Paris and Guthrie both claim to have dis-

covered chloroform in 1831, but the first operation ever done under its influence was by Dr. Crawford W. Long of Athens, Ga., in 1842. To him properly belongs the credit of having introduced this drug as an anaesthetic. Its use as such did not, however, become general until five years later (1847), when Sir John Young Simpson of Edinburgh again called attention to it, after having used it quite extensively both in surgical and obstetrical work.

The honor of having discovered sulphuric ether as an anaesthetic undoubtedly belongs to Dr. W. L. G. Morton, a Boston dentist, who seems to have been very ably assisted in his experiments by a chemist, Charles Jackson. These gentlemen experimented for quite a while on animals, and then, becoming so confident of the success of their discovery, they tried the experiment on each other.

The first surgical operation ever done under ether anaesthetic was on October 16, 1846, at the Massachusetts General Hospital in Boston. The senior surgeon of this hospital, Dr. John C. Warren, did the operation in the presence of a large gathering of skeptical medical and dental gentlemen; Dr. Morton administered the ether. The semi-centennial of this event was celebrated in Boston on the 16th of October last. Strange to say, the first operation done under the influence of each of our general anaesthetics was the removal of a tumor from the neck. The use of ether as an anaesthetic spread quickly to England, where it was characterized as "a yankee trick to prevent pain." The profession now had both ether and chloroform, and the friends of either drug were contending for its supremacy. That each has its advantages and disadvantages, we will see; that neither is devoid of danger no one will deny, for it is incredible to believe that any drug whose physical action is so powerful as to paralyze the sense of pain (the most conservative function of the body) can be administered at random with impunity.

Chloroform (C H Cl_3) is a clear, colorless volatile liquid, with a sweetish and afterward burning taste and a pleasant odor; it is freely soluble in ether and alcohol, and dissolves in about 200 parts of water; its sp. gr. is 1.502, and boils at 142°

F. It decomposes slowly when exposed to daylight into hydrochloric acid, chlorine and formic acid, and therefore should acid, and therefore should always be kept in colored bottles and not disposed in clear white uncovered glass bottles, as is frequently done. Particular care should always be exercised in securing a good article for anaesthetic purposes. Most of us are unprepared to make a chemical test of this drug, but we can make Hepps' smelling test, which is as follows: "Chemically pure Swedish filter paper is dipped into the chloroform, the latter allowed to evaporate and the dry paper smelled of. If the chloroform is pure the paper has no odor, but if there is a peculiar sharp and irritating odor the chloroform is impure."

When inhaled chloroform enters into chemical combination with the haemoglobin of the red blood corpuscles, and seems to have the power of directly destroying these corpuscles in part, and also of robbing them of their ability to take up oxygen and give carbon dioxide ($C O_2$). The blood thus changed is carried to all parts of the body, and the real cause of the anaesthesia, though not yet fully understood, seems to be the action of this changed blood on the ganglion cells of the nervous system, the brain and the spinal cord. The sensory ganglion cells are first affected and later the motor.

Koch and others say that chloroform acts on the vaso-motor center and also directly on the heart muscles and its ganglia.

The action of the heart is diminished, the arterial tension is not so great, and consequently the blood pressure is lessened. Chloroform acts upon the respiration center, first stimulating respiration and later causing it to become slower and not so deep; the pulse respiration ratio is now completely destroyed. At first the pupils are dilated, due to excitement, but when consciousness is lost they become contracted. When the stage of anaesthesia is reached there is a complete relaxation of all the voluntary muscles; the muscles of respiration and circulation and uterine contractions are not paralyzed.

The greater part of this anaesthetic is excreted through the lungs, the kidneys and other excretory organs aiding in this work.

Where time and circumstances allow, the patient should be prepared for the anaesthetic by relieving his mind as much as possible, assuring him of a probable good result from the operation, regulating his diet and moving the bowels in advance. It may or may not be necessary to put him to bed. A mild purgative should be taken the night before, especially if the operation is in abdominal or pelvic surgery. Starvation can do no good, but may do harm, for the patient may need nourishment to aid in standing the strain of the operation. No solid food should be given for at least six hours before the anaesthetic is to be administered; for at that time the stomach should be empty in order to prevent vomiting. A glass of milk or hot broth may be given not less than three hours in advance of the operation; should the patient be very weak, a nutritive enema may be given one hour before the drug is to be administered. Various drugs have been given just before the anaesthetic to prevent retching and vomiting, but none have proven successful.

A hypodermic of morphine and atropine just before beginning the anaesthetic is very beneficial to the nervous patients, and especially those who have used alcoholics to excess; it quiets them and shortens the stage of excitement. An objection is urged against giving morphine in advance that it prolongs recovery. When the heart is weak a hypodermic of strychnine just prior to and during a long operation is more beneficial than morphine. All medication or stimulation by the mouth should be avoided. One should never attempt to anaesthetize a patient alone, no matter how small the operation may be; in case of a fatal result it is well to have witnesses. The physician selected to administer the anaesthetic should be a man of experience and good judgment, and one in whom both patient and operator have confidence, not an alarmist, but at the same time able to recognize danger when it comes. His position is second only to that of the operator, and his immediate responsibilities are far greater. He should have nothing else to do, and should watch every respiration and pulse beat of the patient, and should allow nothing to divert his attention. The urine should have been previously examined, and before beginning, the anaesthetist should

carefully examine the heart and lungs, and he can, by a little tact, considerably lessen the anxiety and fear of the patient by re-assuring him that he will have no trouble in undergoing the ordeal. The best position for the patient to assume is whatever one is most comfortable and allows him the greatest respiratory freedom; in most cases this will be supine, though in some cases, as for example empyema, he will find more comfort and breathe better when lying on his side, and the administrator and operator should act accordingly. Everything in the shape of belts, collars, stays and other clothing that restrict breathing, should be removed. Under no circumstances should chloroform or ether be administered in the sitting position, for it is a matter of record that when these drugs were first introduced the greater number of deaths from their use was in the dentist's chair. All foreign bodies should be removed from the patient's mouth, the nose, lips and chin greased to prevent erythema, and the eyes closed or covered to prevent irritation of the conjunctiva.

Chloroform should be given by what is called the open method, that is there should be a free admixture of air with the vapor; the amount of the chloroform vapor should not exceed 5 %; 10% is very dangerous and 20% will produce almost instant death.

The best apparatus for administering this drug is the Skinner-Esmarch inhaler, with the accompanying drop flask; it consists of a small wire frame to fit over the nose and mouth, and is covered with a piece of porous woolen or flannel cloth. The chloroform is allowed to drop slowly and almost continuously on the inhaler.

Anæsthesia is sometimes divided into only two stages, consciousness, and unconsciousness, probably the best classification is the old-fashioned, first, second and third stages. During the first stage there is more or less excitement or exhilaration, and patients will generally cry out, shout, laugh, sing or pray, throw their limbs about, and act as if insane; but some patients, particularly the weak and exhausted, pass to the second stage without a noise or struggle. When patients are struggling great caution must be exercised in administering chloroform, lest the vapor be inhaled in too concentrated form and cause death; the

inhaler should occasionally be withdrawn and the patient allowed fresh air. While the patient is raving the inexperienced anaesthetizer may cause a fatal accident by "crowding the chloroform" too far.

The advisability of doing minor surgical operations during the first stage of anaesthesia is questionable; the patient has not completely lost consciousness and the physical pain together with the mental shock may cause a serious or fatal result. As a proof of the cause of death from this cause, there are several recorded cases where the patient died before inhaling the anaesthetic at all.

"The first patient to whom Simpson attempted to administer chloroform died under similar circumstances. The attendant, who was bringing the chloroform into the operating room stumbled, fell, and broke the bottle containing the drug, and spilled the chloroform on the floor. The operation, which was for hernia (herniotomy), had to be performed without chloroform, and at the first incision through the skin the patient died." During a prolonged labor, in order to ameliorate the last pains, the patient may be kept in this stage for quite a while, if necessary. With the loss of consciousness and voluntary muscular action comes the second stage, or stage of true anaesthesia; the patient is now ready for the operation; and the skill and experience of the anaesthetizer again come into play in keeping the patient in this condition throughout the entire operation with the least amount of the drug. The pupils, which in the first stage were dilated from excitement, have now become contracted, and the pulse rate and respiration have become slower. These three things should now be carefully watched. The third stage is the stage of profound narcosis, and is indicated by a sudden dilation of the pupils, weak and irregular pulse, venous congestion of face, blue finger nails, shallow and stertorous breathing. The chloroform should at once be withdrawn, fresh air allowed, and if necessary artificial respiration and other means of restoration resorted to. There is still doubt as to how chloroform destroys life; two English Chloroform Commissioners were appointed to investigate this subject, and both reported that death from

chloroform was directly due to respiratory failure and not cardiac failure. Dr. Hare believes the primary cause of death is vaso-motor paralysis, and that the cardiac and respiratory failures are due to this paralysis. In support of this theory he has resuscitated several animals apparently dead from chloroform by administering strong vaso-motor stimulants, and other means of supplying the heart and brain with their normal amount of blood. This theory is further supported by the fact that in case of death from chloroform the heart is dilated and the coronary arteries are empty. Sulphuric ether $[(C_2 H_5)_2 O]$ is clear, colorless, very volatile liquid, with a pungent odor, and a sharp taste; it has a specific gravity of about 723 at $15C^\circ$. It is very volatile and quite inflammable, and therefore should not be used where its vapor will come in contact with a light or the hot cautery. The vapor being heavier than air falls to the floor, consequently lights, when used, should be kept high above the patient's head. The purity of ether may be tested by adding a few drops of oil of capabia to it, when it should remain clear; the formation of an emulsion indicates the presence of alcohol or water.

The physiological action of ether is very similar to that of chloroform, except that it does not produce so much disturbance in the circulatory and respiratory systems; ether increases the strength of the pulse and the blood pressure, while chloroform lessens both. Deaths from ether are generally believed to be caused from a paralysis of the respiratory centre, while those from chloroform are usually ascribed to the circulation.

The action of ether is not so lasting as that of chloroform. The most usual way of giving ether is what is called the closed method; a cone is so made as to fit down closely over the patient's mouth and nose, excluding air. This drug should be pushed more than chloroform, because it is not so treacherous, and it also acts more slowly. The first few inhalations cause a sense of strangling, and the patient begins coughing; the cone should not be removed for this cause, as this would only prolong the first stage. Ether stimulates the bronchial and salivary glands, so that their excretion demands the attention of the

anæsthetist. The cutaneous blood-vessels become somewhat dilated, causing an elevation of the warmth and redness of the skin. It sometimes causes a disagreeable nephritis.

Recovery from anæsthesia usually occurs rather quickly and the patient is surprised that the operation is completed; children frequently awake, fret a little and drop off to sleep again; women often act hysterically. They frequently complain of thirst; this may be overcome by allowing them to swallow small pieces of cracked ice or rinsing the mouth with ice water; very little should be taken into the stomach for several hours, lest troublesome vomiting occur. Should this become annoying ice bags may be placed on the back and front of the neck, and over the stomach; iced champagne may prove an effective remedy. In rare cases, as a last resort, a hypodermic of morphine may be tried. When retching occurs during the first stage of anæsthesia, vomiting can sometimes be prevented by crowding the anæsthetic. Statistics of deaths from chloroform and ether are of little or no value, because the majority of cases of death occurring in private practice are never reported. Deaths from chloroform are variously estimated from one in 10,000, to one in 1,250; and those from ether, from one in 25,000 to one in 15,000; probably one in 5,000 for chloroform and one in 20,000 for ether is approximately correct. These figures do not include obstetric work.

From the above statistics it would seem that ether should be used much oftener than chloroform; and indeed, it is in hospital work, but in private practice chloroform being so much less trouble to administer, the surgeon is too apt to overlook the greater danger in its use. Then too, there are some cases in which it is preferable to ether; for example, where the operation is about the mouth or nose, and the anæsthetic has to be removed from the field of operation, the patient is liable to pass too quickly from under the influence of ether. In operations where the actual cautery has to be used about the face, or where an anæsthetic has to be used at night the inflammability of ether vapors renders its use unsafe.

In aneurismal or atheromatous degeneration of the arteries,

severe pulmonary or renal diseases and in brain surgery, chloroform is preferable.

In the beginning of anæsthesia chloroform is sometimes used to prevent a struggle, and ether is afterwards used, but very little is gained from a standpoint of safety by this procedure; nor is there anything to be gained by the several mixtures of alcohol, chloroform and ether.

Ascribing the cause of death from anæsthesia to paralysis of the respiratory, cardiac and vaso-motor centre, we should, in treating cases of impending death from chloroform or ether, address our efforts to these three causes. Respiratory failure may be due either to mechanical obstruction or to paralysis of the centre of respiration. Falling backward of the relaxed tongue is the most frequent mechanical obstruction we have to deal with. In such cases the under jaw should be seized behind the angle and pulled forward and upward; this pulls the tongue and hyoid bone forward, and thereby lifts the epiglottis by lightening the hyo-epiglottic ligament. The same end may be accomplished by seizing the tongue directly with a towel or tongue forceps and pulling it forward.

Vomitus, blood, mucous and other foreign bodies may get into the larynx or trachea and impede respiration; they should be removed at once, and in rare cases where they cannot be removed, tracheotomy may become necessary.

If failure of respiration be due to the action of the anæsthetic upon the respiratory centre, we should at once administer such remedies as will stimulate that centre, such as strychnine hypodermically, fresh air, oxygen if at hand, and resort to artificial respiration promptly. Electricity may also be tried, placing one pole over the diaphragm, and moving the other along the course of the phrenic nerve, occasionally placing it over the upper part of the back of the neck near the medulla. Ice in the rectum may also be tried. Impending death from cardiac or vaso-motor paralysis should be promptly met with vascular stimulants, such as hypodermics of strychnine, atropine and digitalis; the patient should have an abundance of fresh air or oxygen, if the latter can be had. The extremities should be briskly rubbed toward

the heart, and the patient's head lowered, or the patient even held vertically with the head downward. I have resuscitated two patients who were apparently dead by this method; the patient being held up by flexing the knees over an assistant's shoulders, patient and assistant being back to back. Artificial respiration should be continued while the patient is held in this position. The object in lowering the head is to replenish the heart and brain with the blood they are deficient in.

Patients apparently dead for several minutes have been resuscitated by persistent efforts; we should therefore not despair until there is proof positive that the patient is dead.

THE X-RAYS: A FEW HINTS AS TO APPARATUS AND TECHNIQUE.

BY M. GOLTMAN, C. M., M. D.,

MEMPHIS, TENN.

Read before the Mississippi State Medical Association, meeting at Jackson, April 17, 18, 19, 1897.

It has ever been the desire of the medical man to explore the interior of the animal body. Thus there sprung up dissection, vivisection and microscopy, the optical, the auditory and the tactile methods of exploration.

The solving of the mystery of our existence did much, no doubt, to stimulate the efforts of the physician in this direction, as well as the hope, perhaps, of forming some conception of that unfathomable something—immortality.

These not altogether satisfying the scientific cravings of the modern medical man, it remained for Professor Wilhelm Conrad Roëntgen, of Wurzburg, Germany, to startle the world generally, and the medical profession in particular, with the discovery of the medical wonder of wonders—the X-Rays.

The discovery, I have no hesitation in saying—and I wish to emphasize the assertion most strongly—will at no distant day totally revolutionize medicine—will make an exact out of an inexact science. What the ophthalmoscope is to the ophthalmologist

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the X-Ray is to the physician. By its aid he sees the hitherto unseen.

Investigators, however, in dealing with the scientific aspect of the discovery, have so surrounded the subject with the air of mystery that its general acceptance by the medical profession has been somewhat retarded.

It is therefore the purpose of this paper to correct these false conceptions by giving a practical demonstration of the simplicity of the apparatus, the manner of working it, as well as a few hints concerning the essentials of a good outfit.

1. A knowledge of electricity and photography, although extremely useful, is not absolutely essential.

2. Any man or woman of average intelligence can operate the apparatus.

3. The simpler the outfit the better.

4. A portable outfit is a consideration.

5. Failures due to carelessness and errors in technique are frequent.

6. Experience is the best guide.

As to apparatus I would recommend:

1. A good induction coil of at least a six-inch spark, with reversible switch, in preference to every other form of apparatus. An eight or ten-inch spark will give better satisfaction for all round work. The vibrator should be heavily tipped with platinum, or be of the rotatory form. The latter is imperative when the direct current is used unless one has the independent vibrator made by Queen & Co.

2. A storage battery (choride accumulator), good for at least 100 hours, so as to avoid too frequent re-charging. Never completely exhaust your battery, and keep the plates covered with water. The size of the battery depends on the size of the coil. The direct current with rheostat is easiest to manipulate, but the storage batteries allow of transportation. It is good to have both.

3. A good focus tube, with automatic vacuum regulator (Queen & Co.'s best). A deep green glow proves the tube to be working satisfactorily. If it is otherwise the switch has probably been

turned the wrong way, or the vacuum in the tube has become too great.

4. A good adjustable tube stand.

5. A 5x8 or 8x10 inch fluoroscope. Platino Barium Cyanide is preferable to Tungstate of Calcium. The one having an attachment for opening and closing the current when desired will give better definition.

The essentials of the photographic outfits consist of:

1. Specially wrapped, dry, moderately fast photographic plates. Those made by Curbutt are the best. These can be handled in the daylight and save a good deal of time and trouble.

2. The developer. The J. C. Tabloids are as good as anything else for this kind of work. Pyrogallic acid should not be used. An operator not having a dark room can easily make arrangements with any photographer to develop his plates. I only recommend, however, this as a next best, so to speak, as the knowledge gained in developing the pictures and watching their nature is no small item in the sum total of experience. As to technique the following points may prove of value:

1. A good picture depends on the thickness of the part, the time of exposure, the distance of the part from the tube and the capability of the tube and coil.

Take, for example, the hand. It can be brought up close to the plate and near to the tube, and consequently a good picture can be obtained in a minute or two. The exposure, however, increases with the square of the distance. Thus the hand may yield a good picture in a few seconds when brought up almost in contact with the tube, whereas six inches away it takes two to three minutes. The same rule applies to other portions of the body. Apply the film side of the plate to the object to be photographed.

2. Before applying the photographic plate to a part it is well to get a look at it through the fluoroscope, thus making sure that we have in the field what we want to photograph.

3. In searching for stone in the bladder pass a sound into the viscus as a guide. In searching for a foreign body in the thorax or abdomen it is a wise provision to mark off a few

prominent bodily landmarks with heavy tin foil and take back and front views so as to avoid errors and give definition.

4. The photographic or fluoroscopic shadow is always larger than the original, therefore in photographing a thick body, as the thorax or abdomen, the subject should be from twelve to eighteen inches from the tube, otherwise the disproportion is liable to lead the operator astray. The nearer the tube the greater the disproportion.

5. The photographic plate is much more sensitive than the eye or the fluorescent screen, so that often when working on the thicker parts of the body nothing but the light from the X-rays shows on the screen. A well exposed plate will show up a nice picture.

With a powerful apparatus, however, fluoroscopy is the most satisfactory, enabling, as it does, the physician to detect a foreign body or a growth anywhere within the body and assisting in the different steps for their removal. A picture is a record of capacity of the various forms of matter submitted to the X-ray.

Iron, steel, lead, gold, silver, stone, stars, etc., are all permeable to the rays, each according to its density, thus the darker the shadow the denser the object, lead showing darker than bone, and bone darker than flesh. In the light of my own and others' experience a few deductions will now be permissible.

1. The X-ray presenting a picture of the skeleton, irregularities, deformities and malformations are easily recognized, latent or early spinal disease and hip joint affections positively diagnosed and the various stages of fracture watched without removing dressings, even though these are of plaster of Paris. You can set a fracture by this means so accurately that it is impossible to tell that the bone had ever been broken. I always determine from time to time the position and condition of the fragments in these cases, as well as the effect on the parts of loosening or tightening of the dressings.

2. The detection of foreign opaque bodies is a matter of certainty, whether they are in the stomach, in the respiratory apparatus, in the abdomen or in any other part of the body. In

looking for a body in the stomach I make the subject stoop far forward so as to bring the object to the front as much as possible, as well as to excite movement in it.

3. The soft tissues may be outlined and the conformation and density of the internal organs estimated. This gives Roëntgen's discovery the greatest possible significance. In looking for the heart I place a watch in front or behind it. The heart is seen beating behind this object, and its size, location and density accurately appreciated.

The movements of the diaphragm and ribs during respiration are readily determined. The liver, spleen, kidneys and stomach are mapped out and their size and relationship noted. All that is necessary is experience and the frequent opening and closing of the current to aid in the definition of these structures.

4. This modern searchlight enables the physician to walk in among the tissues, so to speak—enables him to see stones in the kidney—and, by the way, I have shown the possibility of this in a case only a few days ago.

Stone in the urinary and gall bladders can be seen just as readily, taking the precaution, of course, of marking off the prominent superficial landmarks with heavy tin foil as I have already recommended.

5. In Orthopædic Surgery it is of the greatest assistance.

6. In brain Surgery it becomes invaluable, defining, as it does, the contour and size of the head and registering on the fluoroscope or shadowgraph the anatomical points for guidance and the most easily accessible and safest places for surgical attack when this step becomes necessary. In one of these pictures you will see some small No. 8 shot about the head and neck quite distinctly.

7. Its value to the obstetrician cannot be over estimated, for does it not give the size and shape of the pelvis and the position of the foetus? I feel proud in having verified this observation on more than one occasion, and without the necessity of removing garments or making digital examinations.

8. Its value in medico-surgical cases is of vital importance. In this connection I believe I have the distinction of presenting

to a court of justice the first X-ray picture as evidence of injury in this country, the claimant being awarded \$15,000 damages by the jury. I have also been applied to by people with deformities, the result of fracture, who wished X-ray pictures in order to prove malpractice against physicians. It is needless to say that I did not comply with their wishes. But I mention it as a note of warning to all concerned. Physicians will do wisely to heed the warning and inspect their cases of fracture and dislocation under the shadows of the X-ray as a matter of self-protection.

9. The X-rays are not germicidal.

10. I have seen ill effects from the application of the rays in only one case, and this only the slightest dermatitis about the face after exposing the head for three hours. Seven ill effects have been reported, but I have not seen them in my experience. I don't believe they can occur with a good apparatus giving short exposures. Being one of the best experimenters in the country, having worked with the rays for over a year, and having exposed my own body at least one hundred times, the exposure ranging from one to forty minutes without the slightest ill effect, I think I can speak on the subject with some degree of authority.

Prolonged exposures are unnecessary and the chances of bad effects so slight that they are not worth while considering.

11. With increasing experience I find an X-ray outfit more and more indispensable in medical and in surgical practice. For with it, to quote the words of the Good Book, "There is nothing covered that shall not be known."

56 Continental Building.

A practical demonstration followed the reading of this paper. All those present filed up to the fluoroscope and viewed the bones of their hands and arms, coins within purses, etc., etc. A subject was also present in whom a hyperdermic needle was detected in the lower jaw; considerable necrosis was also present.

REPORT OF A CASE OF GUN-SHOT WOUND.

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BIRMINGHAM, ALA.,

Professor of Surgery and Secretary of the Birmingham Medical College.

A negro truckman for the Louisville & Nashville freight depot, West Jones, who lives at 719 South Twenty-fourth street, was shot with a shot gun in the chest. It occurred April 4th, 1897, at 12:30 o'clock. The man who did the shooting called West to the door and emptied the load at close range at him. The shot, with one of the hair waddings, penetrated the door, carrying with them several splintered pieces of the door. This struck West to the left of the sternum and just below the sternal-cavicular articulation, fracturing the sternal extremity of the third rib.

Dr. J. D. S. Davis was called for, but on account of being engaged at the time with a puerperal case, he asked me to respond. I got to the man in thirty minutes after the occurrence, removed everything in sight and applied dressing. Had the family make preparations in an adjoining room for an operation, same to take place at 8:30 o'clock next morning. We were unable to get to the patient until that afternoon. So the exploration of the injured parts was made at 3:30 p. m. Dr. J. D. S. Davis enlarged the opening and removed several splinters and some pieces of the shirt. To make a thorough exploration of the wound a resection of $2\frac{1}{2}$ to 3 inches of the sternal extremity of the third rib was necessary. Having completed the resection, he found a nest of bird shot and a hair wadding, which was intact, situated at the base and to the anterior of the heart and within the arch of the aorta. The left pleural was also perforated. All the shot, wadding, etc., were removed and the cavity packed with iodoform gauze.

On Friday evening, April 9th, five days after the accident, West had a hemorrhage of a darkish venous hue, which saturated the dressing. On Tuesday, April 13th, eight days after the accident and three days after the first hemorrhage, he had another. This bleeding is thought to have been from the wounded

lung tissue or from a vein. He had no symptoms during either of the hemorrhages that were noteworthy, except that he expressed himself as feeling better after the bleeding, not experiencing the tightness in and about the chest that he did before the hemorrhage.

On May 31st, Dr. Davis curetted the wound and removed quite a number of shot, splinters and pieces of shirt.

At present writing he is convalescing and has had no symptoms, either subjective or objective of another hemorrhage.

The reason I report this case is because it demonstrates beyond doubt the safety with which you can enter the thoracic cavity at this particular location. For abscess of the apex of lung certainly it is the simplest way of reaching the upper portion of the lung. You need not be apprehensive of hemorrhage from the operative procedure, for we had none, except that which you would naturally expect from the intercostal arteries. And another reason is, that it gave a practical demonstration of the technique of an operation suggested by Dr. J. D. S. Davis.

The technique is as follows:

A triangular incision with apex at sterno-clavicular articulation is made. The first line of incision extends from the sterno-clavicular articulation to the juncture of the middle and outer third of the clavicle, and the line from same point to about 4 inches downward over the border of sternum. The triangular flap is dissected back and one or two inches resected, owing to the amount of opening desired. This procedure exposes nothing vital and gives the best possible opening through which to drain the upper portion of the lungs.

WOMEN IN MEDICAL SCHOOLS.

Lewd pictures, coarse jokes, vulgar innuendos seem to have become so inherent in many colleges that when it becomes a question between them and women they prefer the former. Truly a pitiable comment on the coming men of the profession. Does a man cease to be a gentleman when he matriculates? A woman insists on her womanliness, and we are glad to say holds to it, through the trials that her brother students thrust in her path.—*Woman's Medical Journal*.

Selected Articles.**A CONTRIBUTION TO THE THERAPEUTICS OF IRON.****BY DR. GELLHORN.****Assistant Physician to the Privat-Gynaecological Clinic of Dr. Mackenrodt,
Berlin.**

The skeptical assertions of Dr. Bunge, regarding the value of ferruginous medication, at the Congress for Internal Medicine of 1895, evoked an almost unanimous and vigorous opposition in the discussion which followed the reading of his paper. The doubts expressed by him in reference to an insufficient absorption of the inorganic preparations of iron could at that time only be controverted, in the main, by the results of practical experience derived from the administration of iron. However, Quincke even then pointed out that his investigations on the subject, which had not yet been concluded, had demonstrated the absorption of iron preparations given for medical purposes, and their utilization in the body. In 1896, at the Congress for Internal Medicine, Quincke reported the results of his experiments which meanwhile had been completed, and which confirmed in every respect the above-mentioned statement. He had made it his aim to trace the course of iron along the intestinal canal, by means of micro-chemical reactions, and for this purpose fed white mice for a number of days with cheese, to which had been added various ferruginous preparations. The animals were killed during feeding, or after the lapse of a certain interval, and the viscera, especially the intestinal canal, hardened in alcohol, cut open and examined for the presence of iron with sulphide of ammonium as a reagent. It was thus found that iron is absorbed exclusively in the duodenum, and this applies both to the iron in the food and that administered medicinally. It was detected in the duodenal epithelium and in the stroma of the villi, and is visible even to the naked eye. Furthermore, iron is found deposited especially in the liver cells, in a form perceptible on microscopical examination, and in rare cases could be detected by microscopical means in the cortical tubules of the kidneys.

450 . *The Alabama Medical and Surgical Age.*

These investigations of Quincke have demonstrated incontestably that the favorable results which have been obtained, since olden times, from the administration of iron are actually attributable to its absorption, and not, as Bunge would have it, to accidental circumstances, to diet alone, or even suggestion. Control experiments in this direction with indifferent medicaments are readily carried out, and were repeatedly mentioned at the Congress of 1895. It should be added that these control experiments were followed by no change, or only by a transient improvement in the condition of the patient.

At the last Congress for Internal Medicine, the subject of the therapeutics of iron was so thoroughly ventilated by the foremost clinicians, as well as by numerous physicians in late years, that a new contribution would appear superfluous. This subject, however, is of such immense importance to the general practitioner, that a cumulation of material is necessary in order to eliminate the least doubt as to the efficacy of a therapeutic measure which, originating at first on the basis of speculation, and later supported by the results of empirical observations, has finally been demonstrated to be of value by exact experimentation.

In the following I will only discuss the clinical aspects of this question. I was encouraged in undertaking this work by my honored teacher, Dr. Mackenrodt, who has assisted me in every possible way. In the management of chlorosis and anæmia, and the host of sequelæ of these diseases, the physician would be powerless if he had not in iron a specific, or at least a potent and indispensable adjunct to his other therapeutic resources. The patients, who belong for the most part to the working classes, give in the main the same group of symptoms: amenorrhœa, scanty or profuse, weakening, irregular, usually premature, menses; headache, anorexia and dyspepsia; neuralgias, and almost invariably marked lassitude, which interferes markedly with their ability to work. In these cases prompt and radical help must be afforded, in order to restore to the patients their full working capacity as soon as possible. It is well known that the therapeutic value of the various iron preparations differs

greatly. This is shown a priori by the abundance of manufactured products of this kind. My experience relates chiefly to three preparations, pilulæ chinini cum ferro, formula magistralis of Berlin, liquor ferri albuminati, and the neutral Pepto-Mangan (Gude). My results with the first of these three remedies have been very indifferent, while with the liquor ferri albuminati of the pharmacopœia they were somewhat better. I have instituted accurate examinations, however, with only Gude's Pepto-Mangan, and the data given further on relate to this remedy alone. Owing to my limited experience with the many other preparations employed by various authors, I would not designate the Pepto-Mangan as a universal remedy, or as the only efficient preparation.

Still another remark: There can be no doubt that our medical intervention, no matter of what kind, is materially assisted by physical impressions. This applies especially to our female patients, who are extremely susceptible to mental influences of this character. Hence, it may readily occur at the commencement of treatment that the previous disorders are less strongly felt, and it is therefore unfortunate that an objective criterion for the existing improvement is not at our disposal, as such we would regard regular examinations of the quantity of hæmoglobin in the blood. In the observations reported these were made with Gower's hæmoglobinometer. This instrument is very convenient, and is superior to Fleischl's apparatus for the use of the general practitioner, especially on account of its cheaper cost. The tests are very exact; any existing errors are the less to be considered since they occur uniformly and in about the same degree during the entire course of the experiments.

That dietetic treatment alone may be successful in anæmic and chlorotic patients was laid down as a dictum by Immermann and Reinert at the Congress for Internal Medicine of 1895. It is natural to suppose that poor and ill-nourished persons would gain in strength under the influence of a proper and invigorating diet; nevertheless, after eight to fourteen days a cessation in the improvement occurs and the old disorders return. These authors, as well as Nothnagel and v. Ziemssen, consider an invig-

erating diet as only a valuable adjunct; both of the latter moreover, regard rest in bed for several weeks as an important factor in the cure. Since several years Mackenrodt has also instituted a large series of observations of this kind, not yet published, in which, for purposes of control, he employed quantitative estimation of the hæmoglobin. It was found by him that under the influence of hygienic and dietic regulations alone the quantity of hæmoglobin in the blood increased only at the commencement of treatment, and then only in a dilatory manner.

In the case of one of my patients I proceeded as follows: I prescribed Peto-Mangan (Gude), one teaspoonful three times daily after meals, and regulated the diet in accordance with the directions furnished with the preparation. Sour and fatty foods, as well as raw fruits, are to be avoided under all circumstances. Fritsch (*Diseases of Women*, 1892, pp. 469) advises, indeed, that the desire for acids manifested by chlorotics should be gratified. According to my experience, however, this craving for acids is to be regarded as a pathological condition of the alimentary tract, which is made worse by further supply of acids, but can be successfully overcome by an unstimulating diet. In cases where the social conditions in any way permitted, I allowed the patient to take a small glass of red wine three times daily, but never during a period of one hour before and after the administration of the medicament, in order to prevent the combination of the tannic acid contained in the wine with the iron. The use of potatoes was restricted as much as possible, at least, during the first four weeks. Furthermore, I resorted to the dietetic regulations customary in these cases, but changed them to advantage when, as so often happens, obstinate constipation was present, following in this respect the suggestions of Hebra, which have recently been again advocated by Ruge (*Transactions of the Obstetrical and Gynecological Society of Berlin*, 13, III, 1896), and obtained generally excellent results. In contrast to several authors who made it a practice to remove any existing dyspepsia before resorting to the use of iron, I have followed the method of v. Ziemssen and Baumler, of at once administering iron—unless the presence of a severe gastric affection, especially ulcer of the stomach,

could be positively determined—and observed as early as the end of one or two weeks an increase of appetite and subsidence of the gastric disorder.

I would lay especial stress upon systematic exercise in the open air. I ordered the patients, who, with but two exceptions, were treated out of bed, to take a stroll at midday, at first of five to ten minutes, duration. At the end of three to four days they were allowed to remain outdoors for five to ten minutes longer.

After each walk they were advised to take off their corsets, put on their slippers, and rest for an hour on the sofa. Under this treatment, the lassitude invariably vanished after a time.

In the manner thus described I have treated in all about sixty patients. In twenty-four cases I instituted quantitative estimations of hæmoglobin at regular intervals of three, five, or eight days. Under normal conditions the quantity of hæmoglobin in woman amounts to 12.59 per cent. when estimated in comparison with the other constituents of the blood. Among my cases the lowest amount met with was in a single instance, 30 per cent. of the normal, that is to say, of the above 12.59 per cent. Next to this was the following case with 32 per cent of the normal:

Miss W. G., twenty-two years old, seamstress, related that she had been under treatment for four years for chlorosis. Since the age of nineteen, her menses had been scanty, occurring before the usual time, and of three to eight days' duration. On September 26, 1895, a *remotio secundinarum* occurred after an abortion induced in the fourth month. At present she complains of darting pains in the upper portions of the lungs, headaches, and rapid loss of strength.

January 9, 1896, anæmic appearance; physical examination, especially of lungs, negative. Quantity of hæmoglobin 32 per cent. Ordered Pepto-Mangan, Gude, diet, etc.

January 13, 1896, considerable improvement of the general condition. Hæmoglobin, 45 per cent.

January 17, since previous day, diarrhœa, due to gross errors in diet, troublesome eructations. Ordered tinct. opii, 15 drops three times daily. Hæmoglobin, 47 per cent.

January 21, improved after use of tinct. opii, no more gastric

pains or eructations. Headaches have completely disappeared, lassitude less marked. Hæmoglobin, 55 per cent.

January 31, condition unchanged, ceased menstruating on previous day, the flow having lasted five days.

February 8-28, patient feels well and no longer complains of pains in the lungs. Appetite and bowels regular. Hæmoglobin, constantly 55 per cent.

March 5, no change. Hæmoglobin, 62 per cent.

March 11, hæmoglobin, 68 per cent. March 27, 77½ per cent.

Unfortunately, as in most of these cases, the patient's visits ceased as soon as she felt entirely capable of going to work. As a matter of fact, the increase of hæmoglobin in this case was tardy, as in four other cases in which the quantity at the beginning was 34, 35, 37 and 38 per cent. of the normal. In eighteen other instances in which the initial amount was higher, viz: 42-75 per. cent. of the normal, progress was more rapid as a rule.

This is most strikingly illustrated in the following case:

Miss C. B., aged fifteen years, complains of violent headaches, visual disorders, loss of appetite, a feeling of pressure over the stomach, constipation and general lassitude.

June 2, 1896, status præsens; mucous membranes pale; physical examination, negative; heart, normal; quantity of hæmoglobin, 45 per cent. Prescribed as in above case.

June 9, headache has disappeared; condition otherwise unchanged. Hæmoglobin, 45 per cent.

June 16, improvement. Hæmoglobin, 51 per cent.

June 23, decided improvement. Hæmoglobin, 55 per cent.

July 8, patient free from complaints; cheeks ruddy, lips and conjunctiva red. Hæmoglobin, 78 per cent.

July 23 and September 24, continued good health.

I also derived exceedingly favorable results from the use of Pepto-Mangan, Gude, in patients who came to us for operations after having been exhausted by protracted hemorrhages. Of course convalescence in such cases is delayed; the system recuperates but slowly from the double injury inflicted by the losses of blood and the operative intervention. Digestive disturbances

are especially apt to be troublesome. In these cases ferruginous medication often produces remarkable improvement.

I cannot close this paper without calling attention to the beneficial influence exerted by Pepto-Mangan, Gude, in anæmic neuralgias, and as an illustration of its effects in this class of cases add in brief the following history of a case:

Mrs. K., aged thirty-five years, very pale and ill-nourished, suffers from intercostal neuralgia on the left side.

January 30, 1896, quantity of Hæmoglobin, 68 per cent. of the normal.

February 5. In the meantime has suffered on two days with violent headaches. Intercostal neuralgia persists. Appetite good; no gastric disturbances. Hæmoglobin, 69 per cent.

February 12, no longer troubled with headaches with exception of one attack of neuralgia in the area supplied by the left supra-orbital nerve. The paroxysms of pain on the left side of the chest have become less frequent. The lassitude has subsided. The mucous membranes are still anæmic. On the whole, the patient feels better and more vigorous than before the commencement of treatment. Hæmoglobin, 75 per cent.

February 18, considerable improvement of neuralgias; no headaches nor digestive disturbances. General health improved. Menses appear earlier than previously, this being the second day of the flow. Hæmoglobin, 73 per cent.

February 26. During the preceding days transient deterioration of her conditions owing to mental excitement. Menstrual period has been normal. Hæmoglobin, not estimated.

March 2, patient no longer complains. Intercostal neuralgias have ceased to occur except on rare occasions. Hæmoglobin, 76 per cent. March 13, health good in general. Iron discontinued on account of gastric disturbances which are said to result from excitement. Ordered strict diet and iron to be resumed.

March 19, complete restoration of health. Hæmoglobin, 82 per cent.

That the final estimates did not yield the normal quantity is not surprising, since it is frequently somewhat reduced even in healthy persons. At any rate, the objective and subjective state

of the patients in the above cases, as well as in the others not reported in detail, afforded the impression that a radical cure, with complete restoration of the ability to work, has been effected.

It must be conceded that in matters of therapeutics it is always difficult to appreciate correctly the relation of cause and effect, and to eliminate the factor of accidents in estimating the efficiency of any plan of treatment. And in order to arrive at a positive and unbiased decision, it is necessary to resort to a series of observations and control experiments of so great an extent that the single observer, even though he have at his disposal a vast amount of material, is only capable of furnishing a small contribution in the discussion of these questions. Furthermore, a certain amount of latitude must always be allowed to individual judgment.

Yet, while fully conscious of these limitations, I think I am justified in asserting that in my therapeutic trials with Pepto-Mangan I obtained all that can be rationally demanded. And I further consider myself warranted in stating that in view of the unquestionable necessity of ferruginous medication in certain troublesome constitutional affections this preparation acts as a most efficient and useful auxiliary to our therapeutic efforts.—*Therapeutische Monatshefte*, May, 1897.

Again, the Code establishes a fraternal feeling by making it almost obligatory for one physician to treat the members of the family of another physician. Almost obligatory, we say, though never considered in the light of an obligation, but rather in the nature of a duty.

The Code sets the pace and though many feel themselves not bound by its articles, all strive to live up to its spirit. It serves to take the "fight" out of the medical man, to wipe out of him all traces of the competitive brute. * * *

Remember this is not a church commandment that is only believed in by the Sunday school boys and girls, but a living commandment that is practiced every day all over the world wherever physicians are organized.—*Journal American Medical Association*.



Tumors of the Mediastinum.

W. W. Keen, of Philadelphia has done some valuable work on the subject of resection of the sternum for tumors of the mediastinum or encroaching upon the mediastinum. The first case reported in the Medical and Surgical Reporter for March, 1897, is one for resection of the manubrium, inner third of the left clavicle and lower third of the left sterno-cleido-mastoid for sarcoma. The second case was one of carcinoma of the breast, with secondary carcinoma of the sternum at the junction of the manubrium and gladiolus. Both breasts were successfully removed, and resection of parts of the manubrium and gladiolus was followed by recovery from the operation, but subsequently death from recurrence of the trouble.

Keen's cases go to show that considerable areas of the sternum can be resected with impunity. He collected seventeen cases besides his own in which masses of the sternum were removed for various diseases. The operation has also been fairly successful in the hands of others.

Restoration of Disabled Sphincter Ani.

Llewellyn Eliot publishes in the Virginia Semi-monthly Medical Journal of March 12 the report of a series of four cases of restoration of the sphincter ani after its destruction. In most of these cases the sphincter ani had been severed during operations for anal fistula. Dr. Eliot maintains that in making the operation for fistula in ano it would be better to insert sutures after dissecting out the cicatricial tissue, in order to obtain a first intention result and preserve the sphincter ani. In the

cases which he has operated upon for weak or wholly disabled sphincters, he has for the most part excised the cicatricial tissue which separated the ends of the sphincter muscle, and then drawn together with silk sutures the divided sphincter.

In the four cases presented the results have been all that could be desired. Others who wish to practice this method must, however, be cautioned against expecting too much in the way of a first intention result in the presence of such an immense amount of infectious material as we must necessarily meet with in operating upon these parts.

Camphoric Acid in the Treatment of Night Sweats.

H. A. Hare (*Therapeutic Gazette*, March 1897), says camphoric acid controls the sweats of tuberculosis in the great majority of cases and does not produce disagreeable symptoms, such as are usually caused by atropine or other powerful antisudorifics. Twenty grains is usually quite sufficient to control the sweat, provided it is given early enough to be absorbed before the time of the sweat is reached; as much as sixty grains of this drug may be given without deleterious effect. A continued large employment of camphoric acid during the past six years has confirmed Dr. Hare's high opinion of this remedy. Like every other remedy, it will fail in some cases, but no remedy has been met with which in his hands so universally succeeds. It may be given in cachet, dissolved in whiskey or brandy, or placed in dry powder on the tongue and washed down with a little water or milk; but as it is slowly absorbed it should be given an hour or two before the time at which the sweat usually comes on. The writer has also found camphoric acid of great value in the treatment of idiopathic ptialism as it is sometimes met with in young children, as it controls salivation without disordering digestion.

The New York Medical League.

In another column will be found a letter from Dr. Douglas H. Stewart, setting forth the aims and purposes of this new creation. From it we gather that the primary and ulterior purpose of this organization is to put a check on and suppress hospital

and dispensary abuses and encourage physicians to more actively participate in those affairs, municipal or State, which concern their own interests. It is most extraordinary what it has already accomplished in its three months' existence. Its membership now numbers over five hundred practitioners, and while other medical societies have contented themselves with passing ephemeral resolutions, the League has succeeded in passing a bill through the State Legislature of New York which strikes a crushing blow at the dispensary evil, and when it goes into effect, in November, many of the dispensaries in the State will necessarily go out of existence. There is, indeed,, but little doubt, from what we have learned of its personel, that this organization of physicians will inaugurate a most radical revolution in the body-medical, and it is probable that it may even have branches in several of the progressive cities in the United States. —*Jour. Am. Med. Ass'n.*

.Indigestion, Digestion, Assimilation.

In these four functions we have the foundation stones of life and health, and upon this foundation all therapeutic procedures must rest. The ingestion of suitable nourishment; its complete digestion and assimilation, with the complete elimination of waste, means health, while in disease one, or more, or all, of these functions must, obviously, be at fault.

We are wont to recognize the importance of ingestion, digestion and assimilation, but we do not so thoroughly realize the equal importance of elimination.

It is a fact beyond dispute that the retention in the system of waste matter is productive of an almost infinite variety of disordered conditions. When we speak of the "Uric acid diathesis," of "Arthrites," of "Uræmia," of "Chlesteræmia," we are really speaking of conditions characterized by the retention in the system of waste matter; of matter calling for elimination. In acute germ diseases it is obvious that elimination of the germs, and their products, is of the first importance.

In structural disease of any excretory organ, whereby the ability of this organ to eliminate waste is lessened, poisonous

material must accumulate in the body, and it is logically apparent that we must procure the elimination of this waste before we can hope, or expect, to benefit our patients. If one ingests two pounds he must eliminate two pounds! ingestion and elimination must balance, else health will suffer. The necessity of ingestion is universally acknowledged; the necessity of equal elimination is but indifferently appreciated.

In Melachol, The Alta Pharmacal Co. of St. Louis has furnished to the profession a valuable and reliable preparation which is a potent eliminant and, at the same time, a potent supporter of the vital processes.

Unlike most eliminants, "Melachol" does not depress and weaken the patient, hence, for this reason, it should be preferred.

Realizing the importance of elimination in all diseases, does it not seem logical to assert that if, to our special treatment for the special disease confronting us, we add a reliable eliminant, our results will be much more satisfactory?—Exchange.

The Influence of Drugs Upon the Secretion of Bile.

In the *Journal of Experimental Medicine*, just issued, is an exceedingly interesting communication by Dr. Franz Pfaff, and a student of medicine, Mr. Balch, upon this important subject. Their studies were made upon a woman of 38 years, who entered the Massachusetts General Hospital and who acquired, as a result of a necessary operation, a biliary fistula. After the patient had recovered from the operation and had regained her normal health, except for the continuance of the biliary discharge from the fistulous opening, Messrs. Pfaff and Balch proceeded to put her upon a standard diet and then to study the changes which took place in the biliary outflow from hour to hour and day to day. Although results obtained from a single individual cannot be used as a positive determining factor in the decision of a scientific question owing to the possibility of idiosyncrasy in the individual producing unexpected results, a number of the facts which they have obtained are of great interest and throw considerable light upon previous researches which have been made upon this subject.

In the early part of their paper they give a valuable summary of practically all the work which has been done upon the biliary secretion of human beings, excluding whenever possible studies and results which were, evidently, from their character of little value in the production of scientific results. After careful study of the results which were obtained by these early investigators, and guided to a certain extent by these conclusions, Pfaff and Balch then proceeded to administer to their patient different substances supposed to possess a stimulant influence upon the flow of the bile. We have not space in this notice to describe the technique and details of their investigation; suffice it to state that the results which they have obtained are quite at variance with those which have been expected, and we find to our surprise, as it was doubtless to themselves, that there was practically but one substance which materially increased the flow of bile, provided that the considerable variations which naturally take place independent of the influence of remedies were excluded—this substance was bile itself. Thus, under the ingestion of the woman's own bile, which had been inspissated and made up into pills, the total quantity of bile secreted in 24 hours rose from about 500 cubic centimeters in 24 hours to nearly 700 cubic centimeters, and when the bile was no longer administered decreased to 449 cubic centimeters.

When ox bile was given it rose to nearly 800 cubic centimeters, and fell with great rapidity to about 400 cubic centimeters as soon as the substance was no longer administered; and, finally, when the bile salts were given a similar and almost equally marked increase occurred.

On the other hand, the administration of calomel produced absolutely no effect, and corrosive sublimate was equally ineffective, no variations from the normal being produced.

The only drug which seemed to have any considerable influence beyond the bile which we have mentioned was salol, but even this produced so slight an increase that there is grave doubt as to whether it produced actual stimulation of biliary flow, for the flow only increased from 460 to 540 cubic cent. Although these results are surprising when compared to the re-

sults which we expect to obtain in the ordinary practice of medicine when calomel and other cholagogues are administered, they do not set themselves as diametrically opposed to the conclusions which have been reached by previous investigators, for it is a well known fact that many of the doses which have been found to produce a marked increase in the biliary flow in animals, or in man, suffering from biliary fistula, have no such influence in a healthy individual; and, on the other hand, that some substances which are not considered by the average physician as possessing any hepatic influence have markedly increased the excretion of this hepatic secretion in experimental research. The variations between practical experience and the various scientific investigations which have been made upon cases of biliary fistula seem to make it evident that the mere existence of a biliary fistula, in some unknown way, modifies the influence of drugs which ordinarily possess the power of stimulating the liver to increased biliary secretion or excretion.

While all studies of this character must be regarded as of great importance and considerable interest, we cannot help feeling that it will be a long time before practicing physicians will be willing to accept the idea that calomel and similar substances possess no influence upon the flow of bile in the ordinary individual.

Any physician or surgeon who has under his care a case of biliary fistula should utilize it in carrying out a careful investigation concerning this important subject, for it is only by comparing the results obtained in many investigations and eliminating the personal factors which are present in each case, that rules capable of wide application can be formulated for our guidance in practical medicine.—*Therapeutic Gazette.*

Chronic Gastritis.

Prof. H. T. Webster, M. D., of San Francisco, in a recent publication discusses chronic gastritis and its treatment. After a careful resumé of the etiology and pathology of the affection, and an enumeration of the symptoms attending it, he says, in speaking of the diagnosis:

"The use of the stomach tube will afford the best means of diagnosis. If siphonage be practiced an hour or so after eating, hydrochloric acid will usually be absent, and lactic acid, associated with fatty acids, are present with a large quantity of mucus. If siphonage be practiced seven hours after eating, undigested food will be found still remaining in the stomach, while in cases of functional dyspepsia it will have disappeared. Malignant disease will be excluded by lack of cachexia, absence of perceptible tumor upon palpation, and by the character of the material vomited, coffee ground material soon appearing in cancer. In gastric ulcer a diagnostic feature is frequent hematemesis."

He believes that if a proper diet be pursued and rational medicinal treatment be employed, almost every case of chronic gastritis will improve readily, unless it be complicated by gastric carcinoma, gastric ulcer or hepatic, renal or pulmonary disease. His treatment consists in lavage, disinfection and cleansing of the viscus with hydrozone. Lavage should be practiced every morning before eating, a small quantity of water (a pint) being used first, which should be increased to two or three quarts as the treatment is carried on. The water should be warm (98.6° F.) and solutions containing Glauber's salt, asepsin or boracic acid are often used. Regarding the use of hydrozone in this affection, he says:

"The introduction of hydrozone as a remedy in this condition was an innovation of remarkable value. A drachm of Marchand's hydrozone, added to four ounces of boiled water, and drunk while the stomach is empty, exerts a powerful influence in dissolving and removing the tenacious mucus, destroying microbic elements of fermentation and stimulating normal action in the diseased mucous surface. The best results follow its use in the morning before breakfast, the patient taking it while in bed, and remaining on the left side for ten minutes before rising. It may be taken oftener, but once a day may suffice, and it is advantageously used in this manner after the practice of lavage.

The hydrozone may at first produce acrid sensations in the stomach, but as the irritated gastric surface improves in tone

under its influence, this will pass away and sensitiveness to its action will subside. Where necessary the amount of hydrozone may be reduced until the stomach becomes more tolerant to it.

The important step in chronic gastric catarrh, as in catarrh of all other mucous cavities, is the cleansing of the part from theropy mucus, which clogs the glandular organs and serves as a nidus for the operation of agents of fermentation. Glycozone in teaspoonful doses, diluted with water, administered after meals prevents fermentation of food and accelerates a cure.

If the treatment outlined above be properly carried out, the writer believes that little more is necessary, for with the removal of morbid accumulations the gastric secretions will become normal in quantity and quality. Hydrochloric acid, administered internally, may in some cases do good, as also the bitter tonics, but their place is secondary to the use of the stomach tube and the disinfection of the mucous membrane of the stomach with hydrozone.—*New England Medical Monthly.*

Recent Sudden Increase in Infant Mortality.

Pure food in proper quantity, pure water and pure air, the avoidance of all excesses, protection against hot and cold weather and sudden changes of temperature by adequate clothing, bathing and ventilation, are universally recognized requisites to fortify the body against the inroads of disease. Among the causes of the greatly increased mortality of infants in this city during the week ending June 26 are, besides the excessively hot weather, the reaction of a sudden fall in temperature, improper food as to quality, quantity and time of feeding. The purity of food and its adaptation to the digestive power of infants as well as pure water and pure air should be procurable by all and precautions against the effects of excessively warm weather should be possible for the poor as well as the rich. Pure water should be cheap, and frequent bathing does much in ameliorating the effect of warm weather upon infants. The most effective prevention of infant mortality would be, however, the education of parents in matters of hygiene. The masses are much better educated in this respect, as far as the raising of infants is concern-

ed, than they were twenty years ago, and the general mortality of children from cholera infantum has become correspondingly decreased. There may have been other factors to produce this change, but better information on the part of the public appears to be the main cause of this turn for the better. Whenever there is a diarrhea or other digestive disturbance in infants, particularly in warm weather, a physician should be consulted without delay. This maxim cannot be impressed upon mothers with too much earnestness and determination. If there is any truth in the saying that an ounce of prevention is worth a pound of cure, it is in the case of infant diarrhea.—Medical Review.

The Results of 147 Operations for Retroversion of the Uterus.

Laphorn Smith read a paper with this title before the American Gynecological Society at Washington, May 6, 1897, based upon ninety-four ventro-fixations and fifty-three Alexander's operations. He held that ventro-fixation was the only operation that should be entertained in cases of retroversion with adhesions; but it should not be done when the uterus was movable and when there was no disease of the appendage requiring abdominal section, in which cases Alexander's operation had given excellent results. There should be no death rate to either operation, neither should there ever be hernia, either ventral or inguinal, if the following directions were followed. The two operations were equally easy. He particularly warned his hearers not to do Alexander's operation if there were any adhesions, even if they were loose enough to permit the uterus to be lifted up, because they would be put upon the stretch and would drag so much upon the ligaments as to finally pull them out of their anchorage. In laying down the technique of Alexander's operation he placed great stress upon the importance of putting aside all cutting instruments as soon as the skin, superficial and deep fascia had been cut through. Instead of laying open the inguinal canal, as advocated by some writers, he advised his hearers not to cut a single fiber of the intercolumnar fascia, which was the principal support of the pillars. Moreover, he said, the slightest nick of the fascia of the internal oblique would lead to

a false passage and failure to find the ligament. If no cutting instruments were used, but only Poceans forceps to draw out the ligament, there would be no difficulty in finding it, because there was nothing else in the canal but the ligament. In fact, with the eyes bandaged it could be found and drawn out, simply by introducing the closed forceps and then opening them, when the round ligament will fall into them and can be drawn out. He advocated the use of fine silkworm gut, which could be thoroughly sterilized and left in permanently. In case fibers of the intercolumnar or internal oblique should be cut, great care should be exercised in sewing them up, to avoid hernia. He had had only one relapse after ventro-fixation and one after Alexander, both repaired. Several cases of ventro-fixation had become pregnant and had normal confinements; several cases of Alexander had had children. Bed-ridden invalids for years before were now enjoying excellent health.—Crofford, in *Memphis Medical Monthly*.

Treatment of Typhoid Fever.

The treatment of typhoid fever depends so entirely upon the individual case that no set rules can be laid down. Each case must be treated according to the special symptoms presented. As a rule, I do not think that doctors pay as much attention to the personality as they should, nor do I think they realize its importance in applying remedies.

The initial dose of calomel is of great value, and is one of the few things that can be followed as a routine treatment. It cleans out the canal, and removes the cause of much future trouble. With the Brand treatment I have no personal experience. It does not seem to be applicable to general practice, especially among the poor. With children the sponge bath seems to be of real value, and you can put them in a tub of water if the temperature is excessive. But it is dangerous to trust this to an ignorant person, or one who is careless. Drugs to reduce temperature are of uncertain utility, and given indiscriminately are positively harmful. One grain of Antikamnia caused a rigor in a child of 14 years, administered when temperature was 105. They—I re-

fer to the coal tar preparations—seem to be of service in certain cases. A capsule of the bromide of quinine, acetanilid and salol (two grains each), has been of service. A mixture of Aq. Camph., Spts. Aeth. Nit., and Liq. Acet., given every three hours, is useful. Treat complications as they arise.

Intestinal antiseptics are of doubtful effect. Not more than one case in three or four is apparently benefited. Beta-naphthol and carbolic acid are sometimes very effective in the first and second weeks, if the stomach will bear them. In the third and fourth weeks turpentine is of unquestioned utility.

As to diet, nothing is better than buttermilk. This should be made by a careful person to insure cleanliness. Alcohol, in the form of milk punches, or mixed with ice water, is good. Liquid peptonoids, beef juice, etc., may be used with advantage when the stomach tires of one thing.

J. C. Means, Natchez.

Renal Suppuration.

In a paper read by Dr. Thomas H. Manley, of New York, at the recent meeting of the American Medical Association, the author said that during the past two years several cases of renal lesions had come under his notice, of a class by no means uncommon, nor in his experience, until very recently, studied with that care which their importance merited. Much confusion and disorder yet remained in our views on the pathology, diagnosis and treatment of purulent kidney. Among the local causes of renal suppuration were lithiasis (calculous impaction) and contusion or laceration. Among the consecutive, or constitutional, causes were infection (presumably by way of the circulation), tubercle, ascending infection (vesical), and contiguous infection, from the colon, etc.

One striking clinical feature about a large renal abscess was that it rarely involved more than one side, and that the right; and in its incipient stages was painless, unless the purulent foyer had opened into the urinary stream.

In the male subject, nephropoysis was often dependent on calculous prostatic or urethral obstruction in about one-third of the cases, according to Dickinson. Another third would depend on

renal concretions, and probably the last third on the infections. Gonorrhœal pyelonephrosis was yet doubted, and in all instances it was difficult to detect the tuberculous bacilli. Cystitis was almost a constant symptom in all chronic cases of suppurative kidney when the urine had undergone ammoniacal decomposition.

A microscopical examination of the sediment in pyuria, by an experienced person, would quite universally decide the source of the pus, whether it was urethral, prostatic, vesical, ureteral, or renal. It was necessary, however, that the microscopist should have had a special training in this line of analysis. It was of the greatest importance in all cases that the urine be secured fresh and that several specimens be examined for several days before a definite opinion was expressed. The site of the lesion was decided in all cases by the appearance of characteristic epithelia, which were invariably present, though in certain stages of renal suppuration they were so disintegrated or transformed as to defy detection; but after an interval of a day or two abundant epithelial casts and cells were readily seen. It was imperative under all circumstances, so far as possible, to eliminate sources of error in the microscopical analysis of the sediment; hence, in women we must exclude uterine, cervical, and vaginal suppuration by inspection. In men we might exclude the urethral source of pus by catheterizing the bladder.

The exploratory incision as a means of diagnosis alone, in cases of renal lesion, could be mentioned only to be condemned, unless an operation for cure or relief immediately followed. The general impression that purulent kidney was a surgical lesion under all circumstances was unwarranted, as this pathological state was largely influenced by hygienic and internal therapeutic means. But when internal remedies failed we were enabled to proceed intelligently and directly with operative surgery.

Etiology of Asthma.

Kuss maintains that, among the various causes of true asthmatic dyspnœa, the principal is a defective evaporation caused by a want of sufficient fluid in the epithelial cells of the pulmonary vesicles. This insufficiency of fluid must be attributed to

the reflex affection, from various causes, of the vasomotor nerves governing the nutrition of the cells, and produces the same effect as a sudden and considerable reduction in area of the active pulmonary surface. The convulsive action of the respiratory muscles might easily be a consequence of this dyspnoëic condition. In the treatment of asthma (1) increased activity must be given to the secretory powers of the epithelial cells by acting on the secretory (vasomotor) nerves; (2) the determining cause of the harmful reflexes must be obviated by various recognized methods; (3) the physiological and anatomical soundness of the alveolar walls should be maintained by appropriate nutrition.

A New Lotion for Certain Itching Diseases.

C. Boeck (*Monats. f. prak. Derm.*) recommends the following formula in dry itching, inflammatory affections of the skin:

Talc.

Powdered starch.....aa 50 gme.

Glycerine..... 20 gme.

Lead water..... 100 gme.

This is to be diluted with twice the volume of water, shaken and applied to the skin with a brush or mop, and allowed to dry. The effect of the lotion is cooling, antipuriginous, astringent and antiseptic. Half of the lead water may be replaced by a 1 per cent. boric-acid solution, especially where the skin is tender. The lotion is contraindicated in cutaneous affections in which there is fluid discharge.

Ghika: Pseudo-Membranous Angina and Laryngitis Due to Streptococci.

A little girl of seven years, ill five days, developed a croupy cough and dyspnoea, so urgent as to demand immediate intubation. There were patches of pseudo-membrane upon the tonsils and pharyngeal wall, with slight submaxillary adenopathy, and marked tracheo-bronchitis. One injection of Roux's serum was given. The purulent secretion from the bronchi was so profuse that evacuation through the tube became insufficient, and tracheotomy was performed. Bacteriological examination of the

membrane showed the presence of streptococci only, and the fact that the process spread into the larynx is, therefore, the more remarkable. Recovery was complete within two weeks.

The author believes that under certain circumstances, especially in older children, tracheotomy should be employed in preference to intubation.—*Jour. de Clin. et de Ther Infantiles*, Vol. iv, No. 25.

Double Fracture of the Clavicle from Direct Violence.

Franklin (*Annals of Surgery*, vol. 25, No. 6) reports a case of no little interest from a statistical standpoint. A male, twenty-four years of age, as the result of being knocked from his bicycle and run over by a team of horses, suffered a double fracture of the clavicle, a transverse break about an inch from the sternum, within the fibers of the rhomboid ligament, causing very little deformity; the other, an oblique fracture, beginning at the inferior border of the clavicle at about the juncture of the middle and outer third, running obliquely upward, nearing the acromial end. The outer end of the middle fragment was extremely sharp, and had already pierced all tissues overlying it with the exception of the skin, which, being badly fractured, required but little to cause the fracture to become compound. This occurred the following day.

The patient was placed in bed, the arm kept in a Velpeau position and a sand bag applied to the shoulder, but neither the supine position nor the elevation of the shoulder was sufficient to overcome the defective muscular action, rendering it impossible to retain the proper relation of the middle fragment, which persisted in overriding. The question then arose whether or not wiring of the clavicle should be attempted. This procedure was deemed inadvisable, firstly, because of the contusion of the tissues, which threatened to slough, and secondly, because of the possibility of the union of the fractures and the closure of the wound by granulation.

The patient was kept in bed for a week, but on account of the intensely hot weather and the constrained position which caused much suffering, he was allowed to be about and dressed as fre-

quently as necessary. At the end of four weeks careful examination proved that there was complete union of the inner fracture with but partial of the outer. The outer end of the middle fragment projected through an ulcer of the skin for about half an inch. Resection of the bone at this point was done a few days later, after which the arm was still retained in the Velpeau position for three weeks. He was then allowed to use it carefully, both fractures by this time having solidly united.

Three theories suggest themselves in explanation of the mechanism of the double fracture:

1. That the one at the outer end occurred first, it being struck by a portion of the horse's hoof. The violence continuing forced the inner portion of the clavicle over the first rib, causing a second fracture at that point.

2. That the one at the inner end occurred first, it being broken by leverage over the rib, and on account of the strong muscular and ligamentous attachments internally, and the acromial articulation externally, it either had to be torn from them or to fracture at the outer end.

3. That they both occurred simultaneously.

The author regards the first as most plausible.—W. R., in *Memphis Medical Monthly*,

Appendicitis Complicating Pregnancy.

It is not long since Mundé first recorded a case of appendicitis complicating pregnancy; and now R. Abrahams is able to review fifteen examples of the occurrence, including four under his own observation. He points out the extra danger met with in such cases when the uterus forms one of the walls of the abscess cavity, and regards the habitual constipation of pregnancy as a predisposing etiological factor. The conditions which require to be differentiated from appendicitis in pregnancy are chiefly right-sided tubal gestation, salpingitis or oöphoritis, and typhoid fever. In ten suppurative cases, all but one of which were operated upon, there was a maternal mortality of seven (70 per cent); on the other hand, all the instances of catarrhal appendicitis recovered, so that the total mortality was a little over 46 per cent.

The infantile mortality was a little over 85 per cent. The treatment is early operation (laparotomy) in acute perforative appendicitis, a pulse of 116 to 120 being an indication. The same rule holds for recurrent old appendicitis in pregnancy, even if the attack be mild.

Operation for Appendicitis in an Infant Aged Four.

F. Villard reports in the London Lancet a case of appendicitis in an infant scarcely 4 years of age. There was a history of habitual constipation. About two days previous the child began to complain of pain in the right side of the abdomen, and this steadily increased, being worse at night. There was a swelling in the right iliac fossa and pain on pressure. Micturition was normal, but there was complete constipation. There had been some vomiting, and the temperature was above the normal. An incision was made above Poupart's ligament. It was noted that the cellular tissue was œdematous, and on cutting through the muscular layers a large abscess cavity with some fæcal contents was opened into. The pulse was evacuated and an unsuccessful attempt made to find the appendix. A further attempt revealed it lying behind the cæcum and perforated at its base. It was easily removed, and was found to contain a small mass of hardened fæces. Villard is of opinion that one should operate between the second and third day in such cases if the symptoms do not ameliorate. One should not temporize, although the condition may tempt one to do so.

Earache—Its Importance.

Hinkel (Buffalo Med. Journal, Vol. 36, No. 10) summarizes a good article in the following valuable points:

1. Earache, however slight, may signify disease that, neglected, may terminate in loss of hearing, even of life itself.
2. Recurring earache in children is almost always associated with lymphoid hypertrophy of the pharynx, depends on it, and permanent impairment of the function of the ear is prevented only by early surgical treatment of the "adenoids."
3. Acute inflammation of the middle ear may be frequently

aborted if proper treatment—mostly of a general sedative character—be administered early and with precision.

4. If relief be not obtained by the second day, an expert examination of the ear should be made and proper surgical treatment applied to relieve intratympanic pressure and possible involvement of the mastoid cells or intracranial structures. Failure at this stage to obtain as exact knowledge as possible of the condition of the middle ear is criminal neglect.

How Diphtheria is Often Spread.

The following notice occupied a prominent place in a recent issue of one of our leading papers:

"Death of ———, the six-year-old son of ———, of ——— avenue; died yesterday morning at 7 o'clock. He was in his Sunday-school class only a week before he died. The first of last week he contracted a severe cold and developed a bad case of membranous croup. Mr. ——— is a salesman in a business house, and both Mr. and Mrs. ——— are members of the ——— church. The funeral will be held to-morrow afternoon at 2 o'clock. Rev. ——— will officiate."

Here is a public announcement of what is evidently intended to be a public funeral, and the physicians stand by and permit it to be held! If this were an isolated instance it would be bad enough, but it is not, as we have ourselves several times observed during the last year. Only two months ago a public funeral in Cleveland was held over a child who died of "membranous croup," and one week later another child in the same family, ill at the time of the funeral, died of "diphtheria."

The responsibility for numerous sad cases of this kind rests upon those physicians who persist in holding the thoroughly exploded idea that "membranous croup" is a process distinct from diphtheria, and likewise upon our local health authorities, who prepare monthly mortality statements in which membranous croup is catalogued as a disease distinct from diphtheria. As a consequence cases of membranous croup, or, more properly, of laryngeal diphtheria, are reported and treated as non-contagious diseases.

How many more lives must be endangered or sacrificed before all the profession will grasp the truth, demonstrated beyond all scientific doubt, alike by autopsy, bacteriologic analysis, and the spread of the deadly contagion, that true membranous croup is almost always a diphtheritic infection, due to the bacillus of diphtheria, always more dangerous to life than pharyngeal diphtheria and quite as contagious?—Cleveland Journal of Medicine.

Infective Genital Tumors in Dogs.

In the Pathological Society of London (Lancet, April 10, 1897, page 1025), Smith and Washbourn described a series of Infective Tumors Occurring in the Genitals of Dogs. A dog affected with a tumor on the penis served twelve bitches, of whom eleven became infected. Three of these bitches were then served by a second dog, who subsequently developed a growth on the penis. After becoming infected this second dog served two healthy bitches. One of these bitches developed a growth in the vagina, while the other remained unaffected. A dog artificially inoculated on the penis developed a similar growth. The tumors commence as minute translucent papules, which grow slowly, and at the end of about twelve months are converted into lobulated masses. At a late stage the vagina is filled with lobulated masses, which protrude from the vulva and distend the perineum. In the majority of cases there was no deep induration, and the tumor was readily removed from the subjacent structures with the mucous membrane to which they were attached. In two cases in which a post mortem examination was made there was infiltration of the muscular wall of the vagina, and in one of these cases the lymphatic glands in the loins were affected. The microscopical structure of all the tumors examined was identical. It consisted mainly of cells of a rounded or polyhedral shape, in the latter case giving at first sight the impression of an epithelial new formation. A careful examination, however, proved that the cells were not derived from epithelium. The stroma varied considerably in different growths, sometimes being scanty and sometimes relatively abundant. In the latter case the cells were enclosed in irregular alveolar spaces. There was nothing in the-

microscopical appearance of the tumors to distinguish them from human sarcomata. They were not due to irritation produced by discharge. In fact, in the majority of cases there was no discharge whatever, either at an early or a late stage of the disease. There was no tendency to spontaneous cure; but when the tumors were completely removed at an early stage they did not recur. Attempts to infect rabbits and guinea pigs failed. In two cases the tumors were successfully transplanted to the subcutaneous tissue of dogs.

In conclusion, Smith and Washbourn gave reasons for believing that the tumors were of a similar nature to those described by Geissler, Wehn, Duplay and Cazin in their work upon the infective nature of cancer. They had not yet been able to get conclusive results from cultivations from the tissues.

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Castration for Rape in Kansas.

A bill has been introduced into the Kansas Legislature, referred to the Committee on Public Health and Hygiene, and by them reported back with the recommendation that it pass. It provides that every person who shall be convicted of rape, and every person who shall be convicted of incest, and every minister, clergyman, priest or teacher, having charge of any church or other religious body or school, who shall have illicit connection with any unmarried virgin female under 21 years of age of his charge or school; and every guardian of any female ward under the age of 18 years, who shall defile her, shall be punished by imprisonment at hard labor for a period not less than five nor more than twenty years, and in addition to such punishment shall be castrated.

In all cases where the defendant shall be convicted of any of the offenses specified in the foregoing section, the court shall, when pronouncing judgment upon the defendant, order that the prisoner shall, after the expiration of one year from the date of his arrival at the penal institution in which he is to be confined, and within eighteen months from the date of the sentence, be castrated by the medical officer of such penal institution; which order shall be a part of the final judgment in such case, and a certified transcript of such order and judgment shall be delivered with the prisoner to the principal officer of the penal institution in which the prisoner is to be confined.

In any case where the order for such operation has been carried into effect under the provisions of this act, and after two months from the time of such operation, the Governor may, if satisfied that the prisoner will lead a peaceful and orderly life, issue to such prisoner a parole or conditional pardon, to be valid only during the good behavior of such person.

If the bill should become a law it will be interesting. It will be noticed that the bill practically places seduction and incest in the same category as rape. It is to be presumed that in Kansas there will be no difficulty in defining the use of the word "defile" as applied to guardians and wards.—"Medicine."



EDITORIAL

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Worry and Health.

An exchange (Memphis Druggist) makes the following good suggestions, which the medical profession may read with profit: profit:

“Worry is just suicide by slow stages, and yet how can the average human being nowadays get along without his share of this objectionable element? Avoid it is certainly excellent advice, but how? Whoever aims at an object which he is not absolutely sure of hitting must be anxious, and anxiety is worry under another and more acceptable name. Without this aiming, and some of it of the blindest character, how is the world to move? Speculation we call it, whether it be with coin of the realm or mental faculties, it is all one; in comes that everlasting worry. Business, sickness in the family, unpleasant suspicions as to

other persons' opinions of us, desire to be or appear to be bigger in the world than we are, all this fills up the flagon of worry, and happy is the man who can in any way rise superior to it. He who has no money worries to get some, and he who has millions concerns himself deeply how to keep them, and, probably, add more. The methods of microscopical technology have reached such a degree of perfection and clinical observation so extended that proof positive is now given to the long-surmised belief that worry really does kill people. The changes in the cell of the brain are of such a nature that the system is left without proper guards, and disease is invited. The physician's death certificate may read any one of various ailments, but worry is the real culprit. The doctors and druggists should be the first to realize this and guard against the enemy, which only self-control and good judgment can outwit. Keep a careful watch over business and other affairs, and do the best you can, but do not worry. Splendid advice, but how difficult to follow!"

The Abuse of the Dispensary.

Dr. George F. Shrady, in the June Forum, discussing the dispensary question, says:

"It may be broadly stated, as the result of exhaustive statistical study, that fully 50 per cent of the patients who apply for free medical aid are totally undeserving of such charity. The main reason for this is that no effectual means are taken by the managers of these institutions to correct the abuse. For the sake of donations and the ostensible good accomplished by the treatment of a large number of patients, these charities are managed on the usual business principles of proving their right to be and to prosper on the assumed basis of demand and supply. In New York alone there are one hundred and sixteen dispensaries, each one of which is vying with the other in propagating the worst form of pauperism. The public is being taught that nothing is more freely given than medical advice to any one who may ask for it. The institutions in question are crowded daily by hundreds of well-to-do patients, who are encouraged to defraud the really poor and to cheat the charitably disposed doc-

tor of his legitimate fee. All this goes on in spite of protests, and in open defiance of the laws of ordinary decency and fair play. The managers of these so-called charities, who virtually have the matter in their own hands, while openly pretending to deplore present conditions, are covertly combating every effort at reform on the ground of its impracticability."

The Medical Man and His Morals.

In the Journal of the American Medical Association, July 10, 1897, we read a most interesting editorial on "The Medical Man and His Morals," from which we make the following extract:

"Every one who studies medicine does not remain in the profession. A great number each year leave, and we contend that a few years' practice will drive out those who are evilly inclined, either in making of them quacks and ostracized charlatans, vendors of nostrums or disreputable abortionists whom no respectable community recognizes, or it sends them over into other professions and trades.

"All physicians are not angels. But what we mean is that having a certain moral foundation to start with, a man must become stronger and better as he is subjected to the experiences of a medical life. It is true that the profession of medicine offers certain temptations to do wrong which other occupations do not, and sometimes the physician makes ill use of the trust imposed upon him, but this is comparatively seldom, and when one considers the power a medical man has to do wrong and how many chances are open to him to commit crime, it is a wonder so few of the profession do become convicted criminals. It is asserted in some quarters that as the struggle for existence grows more severe more of the medical fraternity will be compelled to do wrong, will, in other words, degenerate, will perjure themselves for expert fees, will perform abortion, play the role of charlatan, etc.

This remains to be seen. Strong social forces are at work to oppose the competitive spirit and the situation may change before many moons, the struggle being lessened or done away with entirely.

Some may say that the physician is no better at heart than other people, it is only the fear of the law, the fear of being ostracized by his brethren and the fear of pecuniary loss which keeps him in the beaten path, and that when he can violate the Code without being discovered he does so; that he is hypocritical and apt to pretend knowledge of things he is ignorant of, and that he ascribes to his own powers effects which are in all probability the results of natural causes.

"Such criticisms are to some extent true, but they fail to affect the general statement; they rather strengthen it, because what is thus condemned in the physician is permitted to the merchant and tradesman. Whether men abstain from evil from fear or because they love the right, the abstinence in itself produces changes which are lasting. And physicians, because they are compelled to lead such lives, must in time become changed, so that what was once compulsion becomes natural and automatic."

Vaccine Virus.

Dr. A. A. McKittrick of Evergreen has the following to say of the reported variola in his section, and the use of vaccine virus:

"There has been some excitement recently around Evergreen about an epidemic of variola, and resort was had to vaccination.

"A great many dreaded the effects of the virus. I had witnessed its bad effects during a similar excitement last year. Therefore, I appealed to Messrs. Park, Davis & Co., Detroit, Mich., and to Messrs. Reed & Carnrick, New York, to obtain reliable vaccine virus. They referred me to Dr. H. M. Alexander & Co., Marietta, Pa., as thoroughly reliable manufacturers. I obtained from them some points and literature. Dr. A. Jay, our county health officer, also ordered from them about 400 points. The use of this virus has been uniformly successful, and I have requested the manufacturers to advertise it in the *Alabama Medical and Surgical Age*, so that Alabama doctors may know where to get the best virus.

Only very few cases of the epidemic have appeared here, and

there is a doubt as to the correctness of the diagnosis. I have seen none of the cases, but from its history, I agree with Dr. Sanders that it is variola of a very mild type. It has prevailed for the past eighteen months in New Orleans, Mobile and Pensacola, and no doubt has been transferred by direct communication. There were a few cases last year in the counties of Monroe and Escambia. There is no doubt but that heat modifies this disease, and it may gain a foothold next winter."

A New Preparation.

Dr. Charles M. Watson of Florence, Ala., has recently been using the new preparation of Lactophenin manufactured by Messrs. Boehringer & Soehne of New York.

The first case in which he used it was a case of dysentery, and in reporting the case he says:

"A lady about fifty years of age was suffering with an attack of dysentery. Her blood was impregnated with bile pigment to such an extent that I feared icterus as a result or complication. Such cases are always troublesome, and I treated this case as I do other cases accompanied with biliousness. For the fever, restlessness, thirst, insomnia and pain I gave eight grains of Lactophenin and its effect was so satisfactory that I will use the old phrase and say that it acted "like a charm." I was greatly pleased with the result obtained from Lactophenin in this case.

"The next case in which I used Lactophenin was in the case of a girl ten years of age who had a temperature of 104°, which was attended with great nervousness. In fact, the nervous symptoms were such that I feared convulsions. I gave her four grains of Lactophenin, which was repeated, when her fever was reduced to normal and she became quiet and comfortable."

In connection with the two cases just reported, I wish to say that I believe the coal tar derivatives have considerable antiseptic properties. If we can get in one agent an analgesic, an antipyretic and an antiseptic which is free from the danger of depressing the heat too greatly and free from the dangers of congestion, we certainly have a most excellent preparation in Lactophenin.

Editorial and Miscellaneous Notes.

Dr. L. L. Hill of Montgomery, president of the Medical Association of Alabama, attended the jubilee meeting of the American Medical Association in Philadelphia.

Every organization of men, from that of the association of robbers to that of the church, has its peculiar code of ethics, which serves to influence every member for the good of all. These codes are oftentimes more powerful in governing the conduct of men than the law of State or the opinion of society. In no organization does the code mean as much as in medical organizations. From the time of Hippocrates down to the present day fraternal feeling among medical men has been a common virtue. The oath of brotherhood is taken in all lodges, in workmen's associations, even in the society of thieves and pirates, but in medical societies it has a deeper significance.—Journal of American Medical Association.

EXTRAORDINARY DEATH OF A PHYSICIAN.

Dr. Carrier of Varennes, France, has recently died under painful circumstances. The daughter of the patient to whom he had given a hypodermic injection of morphine, seeing her mother very quiet, thought she was dead, and cried out that the doctor had poisoned her. Dr. Carrier was seized with a fainting fit, and as he fell struck his head against the mantel-piece, receiving injuries which resulted in his death a few hours later, just as the patient awoke, much relieved by her peaceful sleep.—Medical News.

DIGESTION AND DIGESTIVE FERMENTS.

To the casual observer and thinker it may seem that the subject of digestion and digestive ferments, both natural and artificial, has been thoroughly exhausted, and that with our present knowledge of both, we have reached the acme of knowledge and perfection in both, and that the best possible results are now

being obtained. Yet, if the question were put today, "What is the great desideratum?" doubtless the reply, "A better and more general corrective and digestive" would be the demand paramount. We feel that this demand has been satisfied by the introduction of Elixir Maltopepsine (Tilden). Everywhere leading medical men of the day, who are desirous of using only the most efficient therapeutic agents obtainable, are prescribing Elixir Maltopepsine (Tilden) in all ailments arising from faulty digestion. This is far in advance of all other preparations in the treatment of cholera infantum and all forms of summer complaint with children. It is very palatable and acts in all conditions of the stomach.

A VALUABLE HYPNOTIC IN PNEUMONIA.

The necessity of overcoming the insomnia attending certain cases of pneumonia ought to be evident to every physician. Probably nothing known to the profession can alleviate the distressing symptom of sleeplessness so satisfactorily and with so few after effects as Bromidia. By the use of this reliable preparation we can obviate the effects of losing sleep and at the same time feel that the heart's action is unimpaired, a dire calamity in a pneumonic process.—Vermont Medical Monthly, Feb., 1897.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The next meeting of the Mississippi Valley Medical Association will be held in Louisville on October 5, 6, 7 and 8, 1897.

All railroads will offer reduced rates.

The president, Dr. Thomas Hunt Stucky, and the chairman of the committee of arrangements, Dr. H. Horace Grant, promise that the meeting will be the most successful in the history of the Association, and this promise is warranted by the well-known hospitality of Louisville and Kentucky doctors.

Titles of papers should be sent to the secretary, Dr. H. W. Loeb, 3559 Olive street, St. Louis.

IMPERIAL GRANUM.

This standard prepared food for invalids and children has won the enviable distinction of having successfully stood the crucial test of years of actual clinical experience in private practice, sanitariums and hospitals, while numerous competing preparations have appeared and disappeared—often so completely that even their names are forgotten. The Imperial Granum, however, enjoys so universally the confidence of physicians that its merits are beyond dispute. Moreover, the decision of its manufacturers not to publicly advertise it has secured for it the endorsement of even the most ethical members of the medical profession, who dislike to prescribe any article advertised broadcast to the people and profession alike. Physicians can obtain sample packages free, charges prepaid, on application to the Imperial Granum Co., New Haven, Ct., or John Carle & Sons, New York City.

CHRONIC GOUT.

Chronic gout, while not a fatal disease per se, is a dangerous affection on account of atheroma and involvement of the kidneys; depending, as it is, upon an increase of urate of soda in the blood depositing itself in certain joints and internal organs. These deposits consist of sodium urate, sodium chloride and calcium phosphate. The entire arterial system is apt to become atheromatous, causing hypertrophy of the left ventricle of the heart.

The treatment therefore is plain. Active exercise, bowels must be kept open daily. Hot baths are of service. Alcoholics should be interdicted. Among drugs besides alkalines, colchicum and iodine are the best; salicylate of sodium is very useful. A preparation containing colchicine, decandrine, solanine, iodic acid and sodium as Henry's Tri-Iodides meets not only all indications, but has clinically proved itself the most useful combination ever offered.

The Alabama Medical & Surgical Age.

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Original Communications.

REMINISCENCES OF THE LIFE OF A MEDICAL STUDENT OF THE LONG AGO.

BY CLAUDIUS HENRY MASTIN, M.D., A.M., LL.D.,

MOBILE, ALA.

PART II.—PHILADELPHIA.

“This is the place. Stand still my steed,
Let me review the scene,
And summon from the shadowy past
The forms that once have been.”

At that time Philadelphia was the center of medical learning and education in the United States, and the University of Pennsylvania, the chief medical school, was entitled “The Mother of Medical Colleges in America.” Deriving its charter indirectly from the University of Edinburg, it was remotely an offspring from the famed medical school of Leyden, and hence was enjoying a vast reputation, which brought annually to its classes large numbers of students from all sections of the Union, as well as from the West India Islands and the States of South America.

The history of the University begins in 1740. It was first a charity school, and then an academy, and by slow degrees has become one of the famed universities of the world!

When I reached Philadelphia in the last days of September, in the year 1847, tired and travel worn, from a long journey, I sought quarters at the then celebrated “Jones’ Hotel,” an old

hostelry located on Chestnut street. Little more than a boy, and a stranger in a great city, I was, as all youngsters of my age, homesick and lonesome! However, after changing my clothes and arranging my papers and letters of introduction, I directed my way to the University, situated on the west side of Ninth street, between Chestnut and Market.

Fifty years gone by is a long time in the history of a man's life, yet to me the incidents of long ago are still fresh in my memory, and they come back to me with a vividness as if it were but yesterday when I first entered upon the pathway of professional existence.

The University was then composed of two large brick buildings, standing side by side with gable ends toward the street; they were painted a dingy yellow, and were without architectural beauty or adornments of any description. They were located on a large lot on the west side of Ninth street, and extending almost from Chestnut to Market street, fronting upon one side of an entire block! The two buildings, the one the Medical Department, the other the Academic, were placed with their ends toward Ninth street, from which they were separated by a tall iron fence, and stood back from the street about fifty feet; they were distinct from each other, and distant about one hundred feet. Each department had its own gateway for ingress and egress with the street, and hence the medical and academic students had little or no association one with the other. The building nearest to Chestnut street was the Medical Department, and it was to this that I made my way the same day of my arrival in the city.

Entering the building, I was directed to the office of the janitor, Mr. Benjamin West! He was a large, bluff man, quite inquisitive, and puffed up with assumed dignity; he was very much disposed to assert his importance as the head functionary of the University! By him I was shown to the office of the dean of the faculty, Prof. William E. Horner, of whom I shall speak more at length as this paper progresses. He was sitting at his table engaged in matriculating students who were arriving in the city, as the lectures were to commence in a few days.

When my time came I handed to him my letter of introduction from my former preceptor, which he read with seeming care and interest, after which he made some few inquiries as to where I was from, what collegiate advantages I had had, how long I had been reading medicine, and with some common place remarks he then wrote my name upon a card, which was illustrated with an engraving of the buildings, and stated that I had matriculated in the Medical Department for the session of 1847 and 1848, and signed W. E. Horner, Dean. This he handed to me with the reminder that the charge for the same was five dollars, which I handed to him, and then he directed me to sign the register of matriculates, in which I was to place my name, age, residence, name of preceptor, and location in the city. This being done, he handed me a card of direction, which contained the names and city addresses of the several members of the faculty, and instructed me to call on each of them and procure their tickets to their lectures for the ensuing session of 1847-8. He now handed me his own ticket for his lectures on Anatomy, which stated that I had "entered for the lectures on Anatomy." He told me that the charges in the University were as follows:

Matriculation ticket.....	\$ 5.00
Seven professors, each \$15.....	105.00
Practical anatomy.....	10.00
Hospital ticket.....	10.00
Demonstrator's lectures....	10.00
	\$140.00

Each professor delivered his own ticket to his lectures and collected his own charge for the same; the Dean collected only the fee for matriculation and the fee for his lectures on Anatomy. The hospital fee was paid at the office of the hospital, and the fee for dissections, or practical anatomy, was collected by the demonstrator, as was also his fee for the course of recapitulatory lectures which he delivered. Each department was separate and distinct so far as the dollars and cents were in the question, and that question was very largely considered!

The practice of the profession, by those old masters, was in

many instances, "a labor of love;" but there is not much in evidence of the fact that the teaching of it was in any degree much of a charitable vocation; the rule was to charge for everything in sight and collect every available shekel!

The practice of medicine proper, in those days, was not so much of a trade as it is at this time, since the dignity of the profession has been lowered from its former high estate; still there was no disinclination on the part of its votaries to turn an honest penny, and the school furnished a sort of side show, whereby the teacher managed to accumulate vast sums of wealth, to say nothing of splendid reputations which came to them by virtue of the professorial toga!

At that time the Faculty of the University was made up of some of the most distinguished members of the profession in America; men who had earned enviable reputations as scholars and scientists, and it was to their acknowledged ability that the school was indebted for the high stand which it occupied.

It was in May, 1847, that the American Medical Association was organized, and its first session was held in the city of Philadelphia. Then, it may be said, the profession was first organized and the movement initiated for the elevation of the standard of medical education in America! The University was the first school which recognized the importance of such a step, and the first to adopt the suggestion of the association, by advancing its curriculum of studies and lengthening the term of its lectures. This change began with the session of 1847, and year by year has gradually increased its term of study from a four months' winter course of two years to its present requirements of nine months' session and four years' course!

When the association met in 1847 Prof. Nathaniel Chapman of the University, the man who of all others stood "facile princeps" head of the profession in America, was by unanimous consent chosen president.

This was the man who held the helm and guided the destinies of the school in 1847.

Its Faculty was composed of Nathaniel Chapman, Professor of the Theory and Practice of Medicine; William E. Horner, in the

chair of Anatomy, whilst that grand man, George Bacon Wood, taught the principles of *Materia Medica*, Therapeutics and Pharmacy. William Gibson lectured upon Surgery, and Hugh L. Hodge discoursed upon Obstetrics and the Diseases of Woman. Samuel Jackson filled the chair of the Institutes of Medicine and James B. Rogers revealed the wonders of Chemistry.

Having provided myself with the tickets of each of the professors, my next step was to place myself under the supervision of a private preceptor, one who would direct my studies and give me such advantages as I could not obtain were I to simply follow the lectures and guide my own course. To this end I called at the office of Prof. Geo. B. Wood and made known to him my wishes and requested him to take me as a private student through the entire time until prepared for graduation. He readily assented to my wishes and informed me that he had several students, and that it was his custom to give them regular examinations on two afternoons in each week, viz.: Mondays and Fridays; that on Monday afternoon he would examine on one hundred pages of his *Practice of Medicine*, and on Friday afternoon upon the lectures upon *Materia Medica* which he had delivered the preceding week. The examination upon his *Practice* was an extra lesson which we would prepare on Sunday, and had to be studied in addition to reading up on the week's lectures of the other six professors. In addition to the two weekly examinations by Dr. Wood himself, he had placed his private class under the charge of his three quiz masters, who would examine us on the mornings of Tuesday, Wednesday, Thursday and Saturday. The branches upon which the quiz masters were to test our progress were Obstetrics, Chemistry, Surgery, Physiology and Anatomy. These examinations were conducted by Drs. Neill, Reese and Benedict, and held in the lecture room of the Medical Institute at 9 o'clock a. m. The lectures in the University began at 10 o'clock in the morning and lasted until 5 o'clock in the afternoon, which in the winter was very near night!

When we remember that there were twenty-six regular lectures to attend each week, besides six examinations of an hour in length, six nights in the dissecting rooms and one night re-

capitulatory lecture on Anatomy, in addition to which we had to attend the service of the Pennsylvania Hospital, or the Blockley Hospital, for two hours on Wednesdays and two hours on Saturdays, alternating with two hours on the same days with the clinique at the University, it will be appreciated that the course of lectures at the University of Pennsylvania was no child's play, but real hard work, which taxed both mind and body of the student, if he undertook the work to reap the harvest of rich reward which awaited his efforts!

I speak from personal experience when I say, it consumed all of the days and a large portion of the nights to keep up and make progress in each branch which was taught! Two years of six months' lectures each, was a very short time in which to master so intricate a profession as that of medicine, and it was little better than a system of cramming, injurious to both body and mind of the student. An extension of the term of study, with a gradation of its courses, was an absolute necessity which time has proved, and the colleges by degrees are now beginning to adopt, and the result will be better students and more finished physicians!

When I graduated and left the University, I appreciated that I had only laid the foundation of a professional education, and that if I hoped to become in the least proficient as a practitioner, it must be accomplished only by long years of close and unremitting study and observation—no medical student ever left his alma mater a finished physician!

Such briefly is the outline of my entrance upon a course of lectures, and is preliminary to what I will have to recount of my experiences as a student of medicine at the the University. To do this I will have to indulge rather freely in the impressions made upon my mind by the several professors, their peculiarities as teachers, contrasting the methods of those days with the manner of teaching in the present.

If, in some instances, I may seem partial, or in others not as appreciative as I might be, my conclusions must be taken as the result of years of reflection, ripened by long and close observation.

(To be continued.)

TOXINS.**By J. T. SEARCY, M. D.,****TUSCALOOSA, ALA.****Superintendent of Alabama-Bryce Insane Hospital.**

A toxin means a poison. Toxins are introduced into the circulation of the blood from without the body and from within, and have injurious effect according to their peculiar chemical action upon one structure or another; generally, upon all structures, but upon some more than others, because of their peculiar delicacy or sensitiveness of composition.

Anti-intoxication, a very much mentioned subject of late, means the poisoning of the person by a toxic agent produced within his body.

By the term poisons we generally and popularly mean a long list of agents that are injurious when taken into the system from without; we have learned that there are a number of others seriously, if not equally as toxic, that originate within.

As we are becoming more intimately acquainted with the minute cellular structures of the organs of the body, and with their physiology, and with the numerous products of normal and abnormal metabolisms, we are not only learning the modes of action of toxins introduced from without, but are discovering others that originate within, and are learning to trace more and more definitely the effects of all.

Many heretofore mysteriously obscure symptoms and conditions have been found to arise from toxins. Many diseases are now known to produce death more by the toxins liberated into the blood during their progress than by the disintegration and impairment of the particular organ.

It is the function of several organs to eliminate toxins from the blood. We may particularly mention first the kidneys, then the alimentary tube, the liver, the lungs and the skin; they all serve in this capacity. The sewage of toxins from the circulation is carried on more largely through the kidneys than anywhere else.

Arrest of the emunctory function of any one of these organs

is at once followed by toxic symptoms; the severity of the intoxication varies with the completeness of the suspension of function.

The inflammation of an excretory organ is generally a double source of danger from the retention in the circulation of the particular toxin of the organ excretes, and from the liberation of the toxic products of its own inflammation.

We hardly appreciate the amount of cellular change going on in the body, all of which gives rise naturally to waste materials, more or less toxic. We look too much upon the body as a constant whole, while there is always ceaseless change and a constant product of toxic waste.

And then, ptomaines, leucomaines and such toxic albuminoids originate from the tissue changes in disease, and to some extent naturally. We are frequently adding new names to the list of toxins of this character.

Carbon-dioxide, unless promptly eliminated by the lungs, is highly toxic; the excretions of the skin are so too to a large extent; if that immense laboratory, the liver, fail in its secreting or excreting functions, prompt toxicosis ensues; and the failure of the kidneys to eliminate their line of toxins produces symptoms of poisoning, serious in proportion to the degree of arrest of all the eliminating function. We search the urine microscopically and chemically for the signs of kidney inflammation and for the presence or absence of toxins.

Normal and abnormal metabolic changes generally, in the tissues throughout the body, give rise to a large amount of toxic material, but probably the alimentary tube, when acting abnormally, gives rise to as much auto-intoxication as comes from any other source. This is a very frequent source of general and special toxicosis. We all know how much and how properly "torpidity" of the bowels, or of the whole digestive apparatus, the liver included, is charged with the symptoms of auto-intoxication; and the crucial test comes in to support our diagnosis in the frequency of the fact that when we relieve the constipation and render by our cathartics and other antiseptic remedies the bowels aseptic, or atoxic, the symptoms of poisoning are re-

lieved. A very large part of our practice is directed towards this kind of medication for this kind of an object. We relieve general symptoms and special diseases more by putting the digestive tube in a good sanitary condition than by any other one kind of medication. We resort to this indication for treatment as a universal rule. The old doctor's adage is a very good one: "Trust in God, but always keep the bowels open." We give cathartics to carry off the insanitary contents of the bowels, and give other antiseptic medicines to render them as permanently sanitary as we can. The advantage of mercurials in this direction lies probably in their double cathartic and antiseptic properties. The advantage of bismuth, B-naphthol, the iron preparations, to some extent the pepsins and lactopeptins and a long list of tonics, lies in the fact that they tend to render the bowel contents aseptic. If we could invent some prompt and safe method of washing with water the digestive tube it would be a great boon in medicine. Stercorin is being mentioned prominently as a special toxin that has its origin in the bowels.

Probably the kidneys suffer more from the toxins that come from torpid and otherwise unsanitary bowel conditions than from anything else. The excess of excretory work thrown upon them and the irritation of unnatural and unusual toxins, abundant from this source, tend largely to produce the chronic inflammations of these important organs; and we can see, too, from this standpoint how calomel, the iron preparations, and, indeed, many other medicines, that evidently improve the sanitary condition of the bowels, are also seen, indirectly, to help diseased or impaired kidneys. Whatever helps to make the stomach and the bowels less a source of toxin production helps the kidneys, and, indeed, the whole system.

The subject of auto-intoxication is a large and an important one; when we add the intoxication that comes from the introduction of toxins from the outside, the subject doubles in importance and magnitude. Toxins are introduced into the body in our food, in the air we breathe, largely in our medication, and in the popular habit of using anodyne and anaesthetic toxins as luxuries. I can but in this general way refer to the importance of the subject.

The discussion of the subject of intoxication, however, would be but half told if I did not draw attention to the important part the brain, or indeed, the whole nervous system, plays in it. Most of the symptoms that indicate intoxication are brain symptoms. If we leave out the brain we leave out the organ most frequently intoxicated. Its exceedingly delicate and rapidly acting structures are affected long in advance of other lower grade structures by many toxins, and death frequently supervenes from intoxication of the brain alone. The temporary and the chronic impairment of this most important organ, by intoxication, are matters of every day occurrence. We do not recognize them or appreciate them sufficiently.

The degenerative changes made in the shape and intimate construction of the neurons of the cortex and in their dendrites and processes by certain toxins, alcohol mostly experimented with, are furnishing a most interesting field for much recent study and investigation. There are several explorers in this new field of microscopic study in this country, notably led by Prof. Berkeley of Johns Hopkins, who is doing excellent and most interesting work, adding much to our knowledge of the minute pathology of this most important part of the body.

All forms of mental aberrance may arise as the results of cerebral intoxication; confusion, dullness, apathy, indifference, excitability, nervousness, irascibility, peevishness; in somewhat graver forms stupidity, incoherence, stupor, sleeplessness, delirium, coma; and then, in certain cases, all the more chronic forms of cerebral disability, classed under the manifold general head of insanity.

There is a long list of our most important drugs, generally known as anodynes and anaesthetics, that affect consciousness by their chemical action upon the consciously acting high brain. These abate, when given in small doses, and entirely arrest when given in large doses, all cortical action and suspend, as in natural sleep, with more or less profoundness all consciousness; they produce, according to the amounts present in the circulation, all shades of hypnosis, narcosis and anaesthesia. In their milder lighter grades these conditions of the cortex, al-

though produced by the chemical action of this class of toxins, occasion states of pleasurable feeling, and to this fact is due the popular use of several of them as luxuries. There is always, however, the chemical effect of the toxin upon the delicate cells of the cortex, which in the long run is very injurious, and when there is already a natural inherent tendency of these structures, as in some persons, to become defective, the use of such agents is sure to hasten and to heighten the degeneracy, sometimes to render the defectiveness irreparable. As would naturally be supposed, such cerebrally defective persons are most inclined to the use of such drugs as luxuries, and are most injured by them.

Not only the cortex, but the lower brain and the general nervous system suffer from toxins in the circulation. Multiple or single neuritis in the periphery often has this as its cause.

Artificially we intoxicate the cortex with our anaesthetics and anodynes to allay the sense of discomfort or pain; naturally, in many diseases this same condition is produced by the toxins liberated in their progress; the person is rendered dull, stupid and indifferent, and, in extremis, the discomfort of dying is often removed in this way; the conscious portion of the body is so obtunded by the toxins of the disease that stupor and coma are the results.

As I have shown, other structures and organs suffer from toxins in the circulation, but by far the most serious intoxication is that of the transcendently most important organ, the brain.

LACERATION OF THE CERVIX.

BY I. L. WATKINS, M. D.,

MONTGOMERY, ALA.

Read before the Montgomery Medical and Surgical Society, April 3, 1897.

Divide the uterus into five equal parts; the three upper will represent the body and the two lower the cervix. Dr. Lusk speaks of the lower portion as representing the cervix, or neck, and that portion between the neck and fallopian tubes the cor-

pus, or body, and above the tubes he designates as the fundus. The uterus is composed of non-striated muscular fibre, arranged in bundles and connected by delicate processes of connective tissue. The fibres are arranged into three different layers, the superficial, middle and internal. The middle layer constitutes the greater bulk of the organ. The internal layer is so arranged about the orifices of the organ that it seems to stand guard over them. The cervix is composed mainly of connective tissue. Its muscular structure is derived from the lamellae of the lower segment and from the inner layer of the body. The mucus membrane lining the cervix is continuous with that of the body, although it is somewhat different in structure. The cervix is spinal shaped and projects into the vaginal canal in such a manner that its axis points in the direction of the posterior wall.

In the lower third it is supplied with papellae and covered with squamea epithelium, the upper two-thirds with ciliated columnar epithelium similar to that of the body. In addition to the tubular follicles, numerous short, widely expanded mucus crypts lie within the cervical mucosa. Retention of certain fluids in the mucus sacs often takes place, resulting in large cysts, the so-called ovallae Nabothi.

Laceration of the cervix is a common occurrence after parturition at full term. It has been known to occur from abortion in the second month, though this must be exceedingly rare. Statistics as to the frequency of this lesion are not to be had. Munda puts it at one out of every four women who bear children have laceration. The difficulty in obtaining reliable statistics as to the frequency of its occurrence grows out of the fact that different physicians hold such widely different views as to what really constitutes laceration. Some are in the habit of regarding even the smallest rent or abrasion as laceration, while others hold that to be regarded as laceration it must extend at least through the lower two-thirds of the cervix. So long as such wide difference exists as to what really constitutes that pathological lesion, it will be impossible to establish what per cent of labors result in torn wombs. The degree and varieties of these tears are variable. We can distinguish the unila-

teral, bilateral, stellate, anterior and posterior. The left unilateral, due to left anterior occipito presentation, is far the most common. The bilateral comes next in frequency; then comes stellate, and finally the anterior. The posterior must be very uncommon. Don't remember to have ever met with one. The so-called stellate may with consistency be designated as anterior or posterior complicating the lateral form. I have frequently found a deep, unilateral tear, with an anterior or posterior laceration. Formerly the books were in the habit of giving another class of cases, namely, a circular tear. This was probably mistaken for what I prefer to call an endocervical lesion, leaving the vaginal mucus membrane intact while the cervix proper may be lacerated, either on one or both sides, up to the internal os. Those who are opposed to the adoption of this later form are in the habit of attributing the consequent patulency of the cervical canal and subinvolution to a paralysis of the muscular fibre! and another class, not a few, who find all pathogenic influences in the ovaries and fallopian tubes are constantly overlooking this important pathological condition. As a rule the laceration extends much further in the cervical tissue proper than it does in the vaginal mucus membrane. I have met with a case of unilateral laceration recently, where the tear extended even above the internal os, but in appearance barely reached the vaginal wall. It had been only four months standing, and while curetting the uterus, as is my custom in such cases before operating, the instrument passed through the upper angle of the tear and dropped into the partition cavity.

The most frequent cause of laceration is rapid labor. Labors which terminate in two or three hours are very apt to be followed by this accident. The improper use of ergot, or the forceps, are common causes. When the instruments are not used and laceration occurs, it is safe to say it is unavoidable. The os should be fully dilated before any attempt is made to use forceps. Any diseased condition of the cervix, as cancer, cervicitic or imperfect development are predisposing causes.

As to the consequences, probably subinvolution is the first important condition noticed. The freshly torn surfaces, being constantly exposed to the lochial discharge, become infected and

irritated, which prevents proper involution, and subsequently thickening of the uterine tissue. The cervical glands frequently become closed, and are converted into numerous cysts. And these, with the increased connective tissue, frequently obscure the true character of the laceration. This increased tissue deposit produces a thickened condition of the two lips, everting them or giving them the appearance of two distinct bodies. Thus the mucus membrane is exposed to all vaginal discharges, friction and possibly the atmosphere, which may result in an ugly inflammatory condition, in appearance not unlike cancer. Another change which has received its full share of attention is a cicatricial formation in the angle of the rent—the so-called Emmett plug. Although to Dr. Emmett is due more credit for the discovery of these pathological conditions than to any other man, I think he was unfortunate in centralizing on this one small point. His teaching was most thorough, and his enthusiasm made his theory distinctly understood the world over. At the time many were disposed to accept his theory, but at present it has but very few advocates.

The glandular connective tissue, as well as the blood vessel, changes in two lips of the cervix are possibly more responsible for the symptoms than was the so-called plug. These tissues subject the main supply to great pressure through induration, and are almost bloodless. It has been the custom for the past few years to ignore the idea that cellulitis should occur in the region of the tear—in the cellular tissue—rather regarding it as located in the fallopian tubes and ovaries, but I am convinced that the hard ridge extending out into the broad ligament is in the cellular tissue, and that it is septic in character. As a result of this lesion, extending high up into the cervix, much of the natural support of the uterus is destroyed, and an annoying displacement downwards and backwards is the result. This renders the woman unable to stand any length of time without pain or a sense of a great weight in the pelvis. The question of conception is a very important one. As a rule it is unfortunate when it does occur, since abortion is almost certain to follow. This must be taken with some degree of allowance,

since we occasionally find women at full term of pregnancy with a complete unilateral laceration. The fact that cancer occurs so rarely in women who have not had children makes it conclusive that this or some other lesion incident to child bearing bears some causative relation. Our knowledge as to the cause of cancer is too imperfect to say just why such is the case. Still we know that a lacerated cervix is the most suitable field for development of a malignant condition.

The symptom of laceration is tenderness about the seat of the tear, which is noticeable on introducing the nozzle of the syringe or during the act of coition. After a short time has elapsed metritis develops, the organ becomes enlarged, and a posterior displacement is common result. The symptoms now become that of retroflexion with metritis, namely, pain in the back, under the shoulder blades, and nausea. Leucorrhœa almost a constant symptom. At first it is usually glary mucus in character, and not very profuse. But later, after the degenerated changes in the connective and glandular tissue take place, it becomes a mucopurulent, and occasionally streaked with blood. This symptom is not very valuable from the fact that other conditions may produce the same character of discharge. Then again an extensive laceration may exist without any discharge whatever. Menstruation is as a rule increased in quantity and lasts longer, and frequently occurring as often as two or three times a month. It is rarely accompanied with pain aside from a sense of weight in the pelvis, pain in the lumbar region, and sometimes under the left scapular and under the left breast. The reflect symptoms from this lesion may be observed in almost any portion of the body, the stomach, heart, head and eyes, are the most frequent sufferers. Under these circumstances the pain in the cardiac region resembles very much that of intercostal neuralgia, and impresses every woman that she has heart disease. The pain in the head may consist of a simple soreness of the scalp, or an intense cephalalgia, principally superorbital. These headaches come on periodically, once, twice or three times a month, lasting from one to five days. These attacks are depressing and woman fre-

quently complains of a dread of insanity from them. Instead of a distinct pain, it is frequently referred to as a funny feeling. They are unable to endure any emotion, either of pleasure or grief, without precipitating an attack. The stomachic neuroses are exceedingly varied. Complete anorexia may exist, or they may have a desire for food, but owing to an intense inconvenience after taking it they soon become discouraged, and it is with difficulty that we get them to take sufficient food to sustain them. A feeling as though something was rising in the throat is a very common symptom, and I may say a very reliable one.

Physical signs of lacerated cervix are best recognized by the sense of touch. The finger is passed into the vagina, directed towards its back wall, and the cervix is reached with great ease. Then withdraw the finger, keeping it in contact with the cervix, until the os is reached, and you at once detect its shape, which reveals any traumatism that may exist. Not only the extent of the lesion, but frequently the pathological changes, which may be cystic or an endurated condition in either lip. Should the os be found patulous and round, with a sense of a distinct ring about the margin, it is indicative of an endocervical laceration. The finger enters the cervix without resistance except at the margin, where it is constricted by a band. The speculum is of very little service in detecting these lacerations. This is especially true of the valvular form that is to be used with the patient on her back. The peculiar manner in which the vagina walls are pressed away from only one side permits the cervical lips to roll together, which occludes the greater portion of the rent, and the lesions sought to explain the symptoms are overlooked. This, however, is not the case with the Sims speculum. With the perineum and posterior vaginal wall pressed well back and the finger against the anterior wall, the cervix drops down into the field of vision, which shows the lips, partly separated. After all there is no mode of examination so reliable as the well educated finger.

Treatment of lacerated cervix is so well settled that it does not admit of a discussion aside from the operative measures. The treatment by caustics has but few advocates at the present

time. That it ever had many is due to a misconception of the conditions sought to relieve. The later class were inclined to look upon the condition as one of erosion or ulceration. Some contend that even a slight laceration may be made to fill in with granular tissue with good results. In my opinion such treatment is worse than nothing.

The question of immediate operation has been advocated by some few obstetricians, but it has never gained any great degree of popularity. The great difficulty of distinguishing between the cervical and vaginal tear makes it objectionable; then the difficulty of its performance will render it unpopular. It is performed by drawing the cervix well down, and with a cat-gut suture introduced from the inside is the usual method of closing it. The question of primary operation rarely comes before the gynaecologist for consideration, due to the fact that physicians either do not recognize the extent of the tear, or if they do, have but little confidence in its immediate treatment. From three to six months is probably the best time, all things considered, for a successful operation. As a rule after the woman has gone for months or years, developing gradually some of the symptoms described above, for which she applies for relief, then the condition is discovered. It is unfortunate that such is the case, as early operative results are more gratifying when done before pathological changes take place in the two lips. If for no other reason this would be sufficient excuse for urging an examination of every woman about thirty days after confinement. After these lesions have existed for a year or more, conditions develop such as metritis, cellulitis, endometritis and even a slight salpingitis, which treatment is expected to relieve. I am not unmindful of the fact that some of the more enthusiastic abdominal surgeons contend that the tubal trouble is aggravated by any operative interference on the cervix. The facts, however, do not sustain the position. Cervicitis, metritis and endometritis are the most frequent complications, and the character of the operation will depend somewhat on the existing complication. Some are in the habit of advising a short course of preparatory treatment, as for instance where there is much ulceration the use of Churchill

tincture of iodine with boroglycerine tampons, or where there is much retro-displacement the use of the pessary for a short time. In my opinion this is all unnecessary. After the operation displacement is frequently relieved, and when not the difficulty is very much less, since the organ is much lighter than before. As to the use of the iodine, the glandular tissue in the cervix is usually removed during the operation. I shall not enter into a discussion of the various methods of operating, as but few of them have attained any very great degree of popularity. As I have stated above, when the lesion is recent or the corpus is not inflamed, Emmett's trachelorphy may be all that is necessary. It is done with less destruction of cervical tissue, and consequently followed by less involution, which is an objection which may be urged against the Schroeder operation.

The operation which I prefer for the relief of laceration of the cervix and its consequences, was devised by Hegar and subsequently perfected by Schroeder. It was designated by them as amputation of the columni uteri. A few years ago while in Germany I had the privilege of witnessing this operation, with its results, in the clinic of Dr. A. Martin in a very large number of cases. Its object is to get rid of any diseased tissue in the lips of the cervix before attempting to restore the laceration. My method of performing the operation is as follows: With the patient anaesthetised, she is placed on the table on her back and the vagina washed thoroughly with soap and water, then with a bichloroid solution. The uterus is curetted and irrigated with same solution, and the vagina cleared of all debris and blood. With a retractor the perineum is drawn well back, the anterior lip of the cervix is seized by a strong pair of bullet forceps and drawn down as far as possible into the vagina. The posterior lip is seized by a pair of dressing forceps, the lips separated, when the extent of the laceration and diseased tissue is readily recognized. With a pair of straight scissors the mucus membrane in the angles is cut through to normal tissue, then with the scalpel a transverse incision is made at the junction with the normal and healthy tissue in the posterior lips, the dressing forceps steadying the lip commencing at the junction of the vaginal; with the cervical mucus membrane an incision is ex-

tended up to the one made transversely, being careful not to include any more than the endurated tissue. Then with a strong curved needle, loaded with strong cat-gut, is inserted into the stump from within the cervical canal, and emerging at the lower end of the flap or lip three or four such should be introduced before any are tied, then tied in such a manner that the mucus membrane is drawn snugly up, in contact with the stump, then four or five more may be inserted to arrest all hemorrhage. This should be done without the waste of time, as considerable oozing is going on all the while. The anterior lip is treated in precisely the same manner. After some additional pairing on the sides from two to three deep sutures are introduced in the angle. Many urge that an annoying hemorrhage is an objection to this operation. I have never had any such experience, and I attribute it to the fact that I draw my sutures very tight. The long ends of the threads are then cut off to about one inch in length. The patient put in bed. On the third day she has a cathartic, and on the sixth or seventh we begin with carbolyzed douches. On the first examination the cervix presents a slightly patulous and ragged condition, but nature very soon corrects this, when you will have a well formed elyptical os lined with healthy vaginal mucus membrane.

EPILEPSY : A CLINICAL LECTURE.*

BY CURRAN POPE, M. D.,

Professor of Diseases of the Mind and Nervous System, and Electro-Therapeutics in the Louisville Medical College; Consulting Neurologist to Louisville Medical College Hospital; Consulting Neurologist to the Louisville City Hospital; Professor of Hygiene in the Kentucky Military Institute; formerly Resident Physician to the Anchorage Insane Asylum; Member of the American Medical, Mississippi Valley Medical, American Electro-Therapeutic, Central and Northeastern Kentucky Medical Associations; Kentucky State Medical and Mitchell District Societies; Fellow of the Louisville Academy of Medicine, and Superintendent of the Dr. Curran Pope Sanatorium.

George McMeekin (colored), forty-nine years old, married, no children. First symptoms noticed nine years ago.

Nine years ago, without warning, without any premonitory

*Delivered before the Students of the Louisville Medical College.

symptoms, the man had what he describes as an unconscious spell.

During the first attack he was within a short distance of his home upon the streets and can't tell exactly how the spell commenced. The first accurate information that we get is when he is brought home to his wife. He was at that time entirely unconscious, rolling his eyes and chewing his tongue, but not biting it; it appeared as if he had something in his throat, blowing his breath out with violent expiration. He frothed at the mouth a little and was unconscious from 3 o'clock in the afternoon until 1 o'clock next morning, but was not in convulsions all this time. The convulsive attack would come on every fifteen minutes and last about five minutes. These convulsions would set in with a scream and he would stretch and throw his head back, assuming the position of opisthotonos; he would then draw his arms and legs up and in this position would get quiet and go to sleep. All at once he would scream and groan and another convulsion would come on. In these convulsions he passed his water.

After they brought him home he remained unconscious until the next morning and was out of his mind for three days. The attack came on Thursday and he could not sleep without morphine until the following Saturday night. During this time he would wander around the room hunting in holes for money; said the room was full of little pieces of money. He remembers all these hallucinations. He tried several times to run away. After he regained consciousness he felt all right and had no headache or bad feelings.

Then there was a long interval between that attack and the next, a lapse of eight years, during which time he took no treatment. At the end of the eighth year he has another spell. He claims that he was unconscious for four days and that during that unconsciousness he was not able to feel the application of a hot iron sufficient to burn him.

Again a period of nearly a year elapses, and the man has another spell. Another year elapses and he has another attack. In this last attack he comes home suffering with headache—dull,

throbbing, heavy headache—and lies down, and in a short while has another convulsion lasting for an hour or for an hour and a half. In this convulsion he bites his tongue and passes his water. After the convulsion he comes to himself and talks rationally and sensibly.

The third attack occurred three weeks ago, when he was at home. It happened about 7 o'clock. He came home feeling tired, with a headache, and lay down on the bed. His wife heard him cry out like he did in the first attack, and ran to the bed and found him in convulsions, his eyes rolled back, his arms and legs drawn up, chewing his tongue and shaking all over. The convulsion lasted for five minutes, when he went to sleep without regaining consciousness, and slept until 7 o'clock the next morning. His tongue was very sore, he having bitten it very badly on both sides during the spell. He had no headache or bad feeling following the attack. He frothed at the mouth very little, and did not pass his water.

Now, gentlemen, you will notice in this history—that has been taken down very nicely and accurately by my assistant, Dr. Hughes—that in no instance have any symptoms been mentioned that would lead us to believe that there was any irritation located at some special spot on the surface of the brain in the motor region. We get no history of a premonitory or signal symptom; we get no history of a mono-spasm or mono-plegia, nor do we get the history of an attack limited to one-half or a distinct portion of the body. All the attacks have been bilateral; all the attacks have been preceded by a scream; in all the attacks except one he has passed his urine and bitten his tongue; in all the attacks he has remained unconscious and slept off his trouble.

Now let us look at the man's family history. His father died of consumption, probably pulmonary consumption, and his mother also died from consumption. He had a sister that died of consumption. All of his people, it is said, die of consumption.

In his personal history we find that in 1879 he had an attack of brain fever, which we would very likely translate into meaning that he had an attack of meningitis.

During his life, as he tells you, he has been a hard worker in the open air, exposed to the vicissitudes of climates of all kinds and characters, having worked in the hot cotton fields of the South, and exposed to the burning rays of the sun on the high road, breaking rock. Coupled with all of these provocative causes of disturbance we find another factor—the excessive ingestion of spirituous liquors; in other words, he claims that from the very earliest remembrance of himself he has endeavored to get on the outside of not only a good deal of white, but red liquor.

Twenty-nine years ago he had syphilis at the age of twenty. Following that, or in his twenty-first year, he was struck on the head with a large stone, of which he has told us so graphically. While he was standing in the field he was struck on the left side of his head in the parietal region, and knocked unconscious for about six hours. He had no physician at the time, but he shows the presence of a scar in the scalp, and also a well defined depression beneath the skull.

Syphilis, head injury, meningitis, alcoholism, on top of a profound tubercular heredity. Now, as I have so often told you, tuberculosis in the parent, or in both parents, accentuates any tendency toward organic or functional nervous diseases. Of all people on earth, the most nervous are those who have a marked tubercular heredity. Now with this heredity and with this history, we are not at all surprised that the man has developed some spasmodic trouble, particularly when the seat—the local seat—of the injury is over or about over the upper portion of the motor areas.

Examining the man, we notice on the left side of the skull a scar about three-fourths of an inch long, which, when I pass my finger down into the depression in the scalp, it gives the distinct feeling of hard bony tissues underneath, evidently depressed. The question in all these cases arises as to whether this blow is really the determining cause of the spasmodic trouble. Is the blow he received twenty-eight years ago the real cause of the epileptic seizures that he is having at the present day? Two conditions may be associated with a blow upon the head. He may have epilepsy, traumatic Jacksonian, following a blow upon

the head by a depressed spicula of bone irritating the cortex, or we can have a blow upon the head acting as a predisposing factor to further development of a species of irritation at the site of the injury, and the Jacksonian epilepsy following.

From the description given, one would hardly believe that we had to deal here with a Jacksonian epilepsy. In the first place, the convulsion has been preceded once by a scream; second, it is general; third, he bites his tongue; fourth, he passes his water; fifth, there is none of that motor weakness following the attack; and sixth, there is not that regular sequence of events that goes to make up an attack of Jacksonian epilepsy.

What is this sequence of events that characterizes an attack of Jacksonian epilepsy? First, we have the signal symptom—a symptom that indicates the commencement of a certain well developed muscular or sensory phenomena; following that we have the irritating stage, or convulsive stage, in which certain focal troubles develop. For example, the signal symptom might be a peculiar feeling or sensation in the hand that would last for a certain time, and then contractions occur in the limbs, or the flexors of the wrist, or the flexors of the forearm.

This is almost the typical history of a true idiopathic case of epilepsy. I am constrained to believe that the trouble has been produced by the blow he received, acting as an exciting cause upon the many predisposing causes that have existed in his case for so long a time. You remember his life of exposure, the constant ingestion of alcoholic beverages, the accession of syphilis, which, together with the trauma, would be ample and sufficient evidence to account for the attacks he has.

He has been referred to this clinic by Professor Dugan for a decision on my part as to whether surgical procedures would be of any value from a neurological standpoint. We can certainly answer Professor Dugan that we have here no localizing symptoms whatever, and that as far as operating for the epilepsy is concerned all that can be done would be to trephine at the seat of the old injury with the view to lifting what might possibly be a depression in the skull as a result of the blow he has received.

As to whether this would be of advantage to the man is an open question, and it would be undertaken with the distinct understanding that it was merely preparatory to further treatment of the case.

In the last eighteen months my views regarding traumatic, Jacksonian or focal epilepsy have undergone marked and radical changes. Never would I permit a patient of mine to depend solely and alone upon palliative procedures for the relief of his trouble. I believe that where there is sufficient irritation upon the cortex to produce a Jacksonian epilepsy, or where that epilepsy has lasted a certain time, the nervous tissue takes on a state or habit and repeating processes previously started, even after we remove the active irritation. Even when the active focal pathology has been removed we must recognize this nervous state and prevent the recurrence of the spasm after the existing cause has been removed.

The operation of trephining is practically harmless. The danger is so small, even when we remove large masses of bone from the skull, that I never permit the question of the danger of the operation to stand in the way. It is merely a question as to whether we think benefit could be derived from the operation. The majority of persons of average intelligence will rarely submit to operative procedures in a case like this, but if I were the man here I would have my skull trephined over the seat of the injury. If an operation is done, he is distinctly to understand that we are honest enough to say to him that we do not know what amount of good is going to result from the removal of a button of bone where the skull is depressed, but we do know if this bone is pressing upon the brain he will obtain great benefit from the operation, provided he will be willing to follow out a lengthy course of treatment after the removal of the button of bone.

If you do not tell your patients this, you will find that they will not only cast opprobrium upon you, but you will do an injury to the progressive science of surgery that is very unjust. In no domain is surgery giving such brilliant results as in the domain of cranial work.

I would like for this man to allow Professor Dugan to remove a button of bone, not because I think he will gain any radical relief from its removal, but I believe it would put him in a position for treatment.

What is the prognosis in a case like this? I should say as to recovery it is serious. A man that has soaked his system with whisky for years and years, and is in the condition that this man is in, is not in the most favorable state for recovery; therefore, it is very important for him to utilize every means in his power to increase the possibilities of getting well.

The general prognosis in idiopathic epilepsy is not brilliant, though in many cases, by carefully constructed regimen, diet, hygienic measures, certain medicinal remedies and hydrotherapy, we can frequently achieve perfect control of the attacks. I am becoming more and more skeptical every year about the permanency of the cure, as it is called, in these cases. It is mere control; that means cure as far as the patient is concerned, but as far as we are concerned it does not mean cure. But for these patients to be able to have their attacks controlled is a great boon to them.

The treatment runs from three to seven years. This of itself is oftentimes overwhelming to many cases that expect relief in the short space of seven or eight weeks. I would here impress one thing: the majority of cases, educated and uneducated, have about as much sense as you can crowd into an atom when it comes to the question as to how long it takes to bring about changes from a diseased to a normal state. When we come to deal with epilepsy, in all probability we have to do with an organic change in the cortex with a true sclerosis, and with this sclerosis in the cortex itself, we cannot hope to make any brilliant progress and do it in a short time. ;

What would we do after the removal of the pressure? After the operative procedure, when the pulse, temperature, respiration and digestion are in fair trim, the opium method offers the best treatment to commence upon. I then begin with the opium, giving as high as forty and sixty grains, or forty to sixty pills of opium. I prefer the gelatin coated pills of opium to those

made by the druggists. They are more accurate. We run the dose of opium, as you remember, up to a certain point, and keep it there. After this has been continued from three to five or six weeks, according to the best judgment of the therapeutician, we suddenly stop it and use large doses of the bromides. It is astounding how much opium and how much of the bromides a patient can stand if you use hydrotherapy. I have given as high, I say, as sixty grains without even getting the soporific effect, the patient being perfectly comfortable and physically and mentally active. It is simply due to the fact that the elimination is kept up by hydrotherapy instead of being clogged, as it usually is.

Four, and even eight, drachms a day of the bromides can be given if you keep up the eliminative procedures. I frequently run it this way. I will start with six drachms the first day, four drachms the next day, and two drachms the next day; four drachms the next day, six drachms the next day, four drachms the next day, and two drachms the next day—the up and down treatment that has proved so efficient in the hands of Gowers. When we have passed through this preliminary stage of treatment we can then adopt the bromide treatment as the standard for the further management of the case, adding from time to time courses of nitrate of silver, the red iodide of mercury, or iodide of potash, just as your own inclination may deem best.

Of greatest and first importance is attention to the bowels. The bowels—the great sewer of the whole economy—must be kept thoroughly open. If we have to deal with a young person, or if the person is anæmic, we can use a wine glass full of Carlsbad water the first thing on awakening in the morning; that is to say, a hot saline which will act as an antiseptic and as a stimulant to the muscular power of the bowels. On the contrary, if you have to deal with a person who is in the meridian of life, I am in the habit of using *cascara sagrada*—three to five-grain capsules. This drug seems to have the peculiar property of affecting pleasantly the muscular and secretory functions of the bowels in elderly people. I am not very fond of it in young people except as a bitter tonic and as a slight laxative. That it has

some peculiar property for stimulating the biliary secretion is unquestionable in my opinion. In these cases we will nearly always find that which the laity term a "bilious nature;" that is to say, a person with a thickly furred tongue, constipation, a tendency to headache, and "that tired feeling."

With regard to diet. We put them on the plainest possible food, cooked as simply as it can be cooked, in small quantities. It is perfectly astounding how little the human animal needs, and I keep impressing upon you in these lectures that more of us dig our graves at the table than are killed by whisky, tobacco, debauchery and licentiousness combined.

Three times a day you sit down to the table, and you carry your life in your hand. If you would eat less and work more you would be better off. Everybody is struggling to get in a position finally where they can do less and eat more. When the period of forty-five comes and you have obtained good results from your work, you have reached a period of the utmost danger. Accustomed to active work, the recompense you get leads you to drop your work, eat more, eat higher-seasoned and richer foods. You must sit down and study how much food your system needs for the actual repair of the tissues and for the expenditure of energy that is necessary in your daily work. If you do not work, do not eat, and you will live to an old age. And so it is with those suffering from epilepsy; they cannot afford to eat very much. And I tell everyone of them, without exception, that they will invariably sit down and load the alimentary canal with a burden with which it is almost impossible to cope.

Ah! the glorious stage of youth, when we could digest cobblestones! I ding-dong into these patients to quit eating so much, and they will go home may be and sit down and eat an enormous dinner, have an attack, and wonder how it happened when feeling so good. I had those words said to me a little while ago. Insist upon an abstemious, light and restricted diet, and these patients will do well when they follow your instructions.

Of all the means, hygiene will probably do the most good, combined with the remedies I have mentioned, assisted by hydrotherapy. In this enlightened age we are not content with

one line of treatment. If we can, by combining them, further the interests of our patient and improve him, we ought to do it.

Keep your patient's skin active by the application of water. There are two kinds of ducts in the skin. We can see the necessity of elimination by the skin in cases of extensive burns. We can get an idea of the capacity of the skin to act as a safety valve by keeping it active when we are giving certain poisonous substances that would act as depressants to the system. We are to try and keep these patients' skins in active, thorough, healthy function, and it usually results in good.

The galvanic and static currents are frequently of service in these cases, more to relieve the symptoms associated with the trouble than to be of actual use in the condition itself.

New Method for Localizing Brain Lesions.

Mr. Robert Cox, of Shanghai, China, describes in the *British Medical Journal* for April 3, 1897, what he calls "a simple and infallible means of mapping out on the scalp the positions of any (or all) of the underlying convolutions of the cerebral cortex."

The apparatus consists of two parts:

1. A cerebro-graphometer, and
2. A diagrammatic map (on a gnomonic projection) of the external surface of the brain.

The cerebro-graphometer consists of the mechanical device known technically as "lazytongs," formed into a circle with two loops—one bearing numerals and the other letters from A to V.

"Localizing is performed as follows: Extend the instrument and apply the end of the lettered loop marked V to occipital protuberance and the other end to the globella, then press down the loop to the scalp in the middle line and close the circle round the head so that the 10 on the numbered loop will lie on the lettered loop. Consult the chart for the bearings and place the letter 10 on the letter of longitude, when the number of latitude will rest over the part sought for. This instrument is equally applicable to all sized heads, and forms its own unit of measurement for each."



CORRESPONDENCE

LETTER FROM DR. S. L. LEDBETTER OF BIRMINGHAM.

London, July 12, 1897.

Since leaving Alabama I have seen so many brilliant and accomplished physicians, and have been treated with so much consideration and so courteously, that I hardly know what to say. I could not write all that I have seen and heard, nor could I tell something of the work of all who deserve an honorable mention. It would make my letter too long and tiresome. Being an eye and ear man myself, the most natural thing to do would be to enter into the analysis of the different operators and their work; how that the one does his cataract operations with or without an iridectomy, or that another uses no fixation forceps, etc., but that I fancy would not prove a very interesting subject to the busy practitioner who has little time for anything but such as may bear directly on his every work.

So I have decided to give you an account of a day in the Western Infirmary at Glasgow. On this particular day I was the guest of Dr. William MacEwen, one of the first surgeons of Europe. He is a very fine anatomist, an energetic, hard worker; a man of magnificent physique. He seems to have always a clear idea of what he wants to do; an accurate knowledge of the anatomy of the tissues involved and the difficulties to be encountered, and operates with a rapidity and ease that is marvelous, and yet never seems in a hurry. He does general surgery, but I saw him do a mastoid operation for a polypoid condition due to long standing suppurative middle ear trouble involving the mastoid. He is particularly fond of brain surgery. I saw him do a radical operation for hernia. His method was his own, and to me it seemed an ideal one, but not being

accustomed to that kind of surgery, and, having made no notes at the time, I would be afraid to venture on a minute and critical analysis of the peculiarity of his method. His operations are all done aseptically and antiseptically, so that only in certain classes of cases does he remove the first dressing until the wounds have healed. He uses catgut, which he prepares himself, and knows just how long each piece can be expected to hold. As an outer dressing he has prepared pads of wood wool, his own make. I saw in the hospital a young boy from whom he had removed a dural tumor a few days before. The tumor was as large as a small orange, and came from under the frontal lobe of the brain. The patient seemed to be doing well, no untoward symptoms having appeared so far. The original dressing had not been removed in this case.

I saw another patient in which Dr. MacEwen had removed the whole tongue, taking out also the sublingual and submaxillary glands of both sides. The wound had healed and there was no evidence of the malignant growth for which the operation had been done. The mouth was still kept stuffed with gauze, but I was told that it would soon be left off and the patient taught to articulate by the lip method.

In another case the lower jaw had been removed for osteosarcoma, and the patient was in good condition. I saw one poor fellow with an osteo-sarcoma of the upper jaw involving all the face bones, and was having copious hemorrhages from the nose. In this case no operation could be done and the patient was only waiting for the inevitable.

I saw a patient from whom Dr. MacEwen had removed a kidney a few days before; also saw the kidney, which was very much enlarged and contained a malignant growth. The patient's condition was good and the doctor seemed confident of a good result.

Another very interesting case was a laminectomy case. The operation had been done three weeks and the patient was getting for the first time slight motion of the foot.

The most interesting case, however, which Dr. MacEwen showed me was one of abscess of the right lung. In this case

the ribs had been cut away from the second to the ninth and the diseased lung tissue removed. The patient's condition had been so bad and his vitality so lowered that three operations had been required to complete the work. The patient had a good appetite and was taking on flesh rapidly, and from a mere skeleton with bed sores on his back and a daily expectoration of something like a pint of pus he had developed into a fairly respectable looking man with no bed sores and no expectoration. There were still two openings in the side, however, but they were closing in rapidly. Through these openings when the gauze dressing was removed could be seen the stump of the lung, apparently in healthy condition, the pericardium and the diaphragm. Nearly the whole of the right lung had been removed and the cavity was a very large one, but the doctor expected the collapsed wall to close it up in time, and that adhesions would form and the man be able to go back to his home and friends. The doctor told me that he had had a similar case a year ago and that the patient was now able to work and earn a support for himself.

I saw in the same hospital, but not in Dr. MacEwen's practice, a case of tetanus which was being treated with the tetanus antitoxine. The patient had a punctured wound of the foot, from a nail, and eleven days later was brought into the hospital in an unconscious state, convulsions very frequent and violent, the mouth closed so rigidly that it could not be forced open. The body was so rigid that the patient could be moved about as one would move a piece of timber. The antitoxine was begun the next day after admission giving 10 c.c. every eight hours hypodermically. The quantity was diminished as the patient's condition improved. He had been in the hospital three weeks and was practically well. For several days the spasms had been very insignificant and rare. The patient was bright, took nourishment freely and had full control of all his muscles. This was to me an exceedingly interesting case, being the only instance in which I have seen the antitoxine used. Whether or not the antitoxine did the work I do not know, but no other remedy was used. I saw other cases, but I think that

I have written quite enough for one time. If I can get up sufficient energy I may write at another time of some of the other men whom I have met and something of their work.

By the way, I must say that the physicians across the Atlantic are well trained, hard-working men, and always ready to extend courtesies to American physicians.

The Schott Treatment of Cardiac Disease.

Dr. W. B. Camac (in American Medical Association, June 5, 1897): No satisfactory theory has ever been advanced to explain fully how this treatment meets the indications and produces the results which are claimed for it. Schott himself explained it on the theory of the reflex action of the nerve centers. Lauder Brunton and Ludwig have discovered that the muscular system has a capacity for storing blood equivalent to that of the internal organs and the skin, and explained the actions of the Schott treatment on the theory that the resistant treatment and the baths combined stimulate the muscular system to such a degree as to relieve resistance in the peripheral circulation, but, whatever the theory of its action, the results obtained by the treatment at Neuheim are undoubted in reducing the size of enlarged and dilated hearts. This method of treatment has been introduced into the Johns Hopkins Hospital for the purpose of testing its efficacy not only in cases of heart disease, but in affections of the kidneys. The report embraced the results of ten cases; of these four patients had died, two were not improved, one showed improvement only while under constant treatment, and in three the permanent results were most satisfactory. Some of these were cases of chronic nephritis in various stages of advancement, but all of the patients had enlarged or dilated hearts. In connection with the Schott treatment, however, various heart stimulants, such as nitroglycerine, digitalis, stophanthus and strychnine, were used as indications demanded. The conclusions of the experiments were that, while extensive changes in the position of the cardiac beat were obtained in all, that effect alone does not imply permanent improvement. In Bright's Disease it cannot be depended upon for any satisfactory results.

Selected Articles.**CHRONIC MALARIAL TOXEMIA—ITS PREVALENCE IN
NEW YORK CITY—CAUSES AND TREATMENT
BY ALTERATIVES.****By J. P. SHERIDAN, M.D.,****NEW YORK.**

It is not my intention here to dwell upon the many manifestations presented in chronic malarial toxemia, nor to appeal to the evidence of medical statistics in proof of the great number of these cases prevalent in New York City. The numerous excavations necessary in the erection of buildings, the turning over of soil in cellars long hidden from sunlight, the blasting of rock, etc., etc., are prime factors in establishing conditions which develop the activity of a germ whose influence all physicians are sooner or later called upon to combat. We do not know positively when or in what form the pathogenic organisms exist outside of the body. We are equally uncertain as to their mode of entrance, most authorities looking on the respiratory organs as principally or exclusively concerned. Be this as it may, symptoms present themselves which do not yield to quinine, nor Wurburg's Tincture, except that they are palliated, not cured, recurring again and again, and the same result being attained and a like exacerbation occurring to the individual upon a new exposure. No one can deny that quinine is a *sine qua non* in the treatment of malaria, when it is administered during the intermission or remission of an acute exacerbation, but it is in those types which belong to the chronic form, and especially the anemia present, which I wish to call attention to.

In the treatment of these conditions I have used Barclay's solution of bromide of gold and arsenic (Arsenauro) with the most gratifying results. My attention has been repeatedly called to this solution and its companion, liquid bromide gold, arsenic and mercury (Mercauro), but like most of my colleagues, I did not realize their efficacy until I had put them to a crucial test. This I have done in a large number of cases, extending

over a period of twelve months. At first I made the common error of discontinuing their use too soon. We must push them as we do iodide of potassium—to the point of toleration. In persons who could not take Fowler's Solution these combinations, as presented, were readily borne, the irritant effect of the arsenic being overcome. It is well to administer these solutions largely diluted, giving them in a half goblet of water if possible, and keeping the patient near the point of toleration for at least six weeks. Preference should be given to the mercurial combination in malarial anemia and malarial cachexia and splenic enlargement. In masked intermittents, or "malaria larvata," quinine is useless, but I have demonstrated to my satisfaction the value of liquid arsenii et auri bromide (Arsenauro). I have recently used these solutions in other conditions requiring alteratives and my results have been most satisfactory.

I particularly emphasize the point that these solutions must be continued for a reasonable length of time. In many cases improvement does not manifest itself promptly. Arsenauro and Mercauro are in no wise palliatives. One bottle may apparently give no result. Palliatives never affect structures, but only functions. The organic changes remain just the same, no matter how long palliatives are administered. "This is according to the therapeutic law, to which there are no exceptions, that any drug whose specific medicinal effects can be secured by one dose (or a few doses) cannot modify or affect a structural change." I refer to these principles of therapeutics here because I wish to emphasize my assertion that these solutions are not palliative, but curative.

Dr. C. Morrosa, 1045 Mission street, San Francisco, Cal., says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* (White) in one case of gonorrhea. A lady had a discharge for months and had been treated with iodine crystals in water as an injection with no effect except to soil her clothing. I gave her a bottle of S. H. Kennedy's White *Pinus Canadensis*, giving directions for use as injection internally, gave fluid ext. prunus virg. as a tonic. She lives in Alameda, and only yesterday she sent me some other sufferers, telling them I cured her. I will say in conclusion that your preparations are good. I have used them in some minor cases that I did not think worth while noting at the time, always with success.



The Cold-air Treatment for Typhoid Fever.

In an article on this subject in the *British Medical Journal*, Dr. J. Murray-Gibbes strongly recommends this mode of treatment in typhoid fever, and enumerates the advantages as follows: 1. No handling of the patient is necessary. He lies on a tube mattress and is covered by another, and when it is necessary to lower the temperature a cooling mixture will flow through the tubes. This, the author thinks, should be a continuous current, so that the temperature of the body can be prevented from rising above a certain degree. 2. The shock to nervous patients of being placed in a cold bath is avoided. Attached to the cold water tube will be another tube which can convey hot water, so that warm water can at first flow through the tubular mattress, and then, by means of taps, be gradually lowered to the required degree.

Dr. Gibbes thinks that this method of treatment has great advantages over previous ones, in that it is possible to have any temperature we wish down to 5 deg., F., and its maintenance at any figure between that and the temperature of the external air by the mere turning of a tap. Besides this, by turning another tap, hot water can pass through the same tubes when it is necessary in the treatment of any disease. A patient can be kept for any length of time surrounded by a cold atmosphere, continually abstracting heat, and so preventing a dangerous rise in temperature, and that without disturbing him.

Dr. Gibbes thinks there can be no doubt that the cold air treatment he proposes will keep down the high temperature of typhoid fever, and so greatly lessen the death rate.

As the temperature of typhoid fever patients is generally higher during the night than during the day, the cold-air treatment can be more easily carried out than the cold bath treatment, especially as the nursing staff is diminished in numbers during that time, and assistance cannot easily be obtained.

The simple turning of a tap cannot be compared with the trouble entailed on the hospital staff in providing a cold bath. In fact, says the author, one nurse could attend to a dozen patients with less trouble than to one patient under the old treatment.

In other complaints, such as sunstroke, and local congestion and inflammations of the chest, etc., the freezing-air treatment must prove invaluable, as tube pads of various shapes could be made to fit different parts of the body for conveying hot or cold water.

Summer Diarrhoea.

During the last few days there have been seen in the city many of those cases of gastro-intestinal disturbance that in ordinary years are frequent even earlier. The comparatively cool weather of July greatly lessened their number, but they will probably be numerous during August and September. The treatment is simple in the majority of cases; but in cases treated "domestically," as well as in many placed under the care of physicians, there is frequently made the great mistake of attempting—by the use of opiates or astringents, or both—to check diarrhea before the offending matters have been removed from the alimentary canal. The first step in treatment should be to "cleanse the primæ viæ." This may be done by giving calomel in small, frequently repeated doses; or, in our experience, preferably by the use of a mixture of castor oil and spiced sirup of rhubarb (equal parts); the dose for an adult being half an ounce to one ounce of the mixture, repeated if necessary in two or three hours. When much pain is complained of, fifteen to thirty minims, or ever a dram or two, of paregoric may be added to the dose.

Should it be considered inadvisable, as it may often be in

children, to wait for the action of the purge, lavage of the stomach, or irrigation of the bowel, or both procedures, may be resorted to.

The stomach and intestine having been cleansed by washing or by the cholagogue cathartic or by both, sedative, antiseptic and astringent medication is now in order. For this purpose bismuth compounds and phenol or naphthol compounds are to be preferred. Phenol salicylate, carbolic acid, guaiacol carbonate, creosote, beta-naphthol, naphthalin, are all useful. Our usual preference is for a powder composed of equal parts of benzo-naphthol and bismuth salicylate, of which the dose is from two grains to thirty grains, according to the age of the patient and the severity of the symptoms. An average dose for adults is ten grains every second to fourth hour. If necessary, five grains, more or less, of Dover's powder may be added to the dose.

Regulation of the diet is necessary and may sometimes suffice without medication. Ice and ice water are to be interdicted, but the patient may drink freely of boiled water or pure, un-boiled water (still or sparkling) that has been cooled by placing the container in the ice box. To adults milk is often harmful, and to children almost invariably so. Sterile or scientifically modified milk is no better than ordinary milk under these circumstances. It decomposes in the septic stomach or bowel. Barley water or rice water should be the exclusive diet of a child for a day, or two days, or three days, according to circumstances. The parents and friends will usually object, but the physician must be firm. When the stools have ceased to be offensive, and the alimentary tract has been apparently freed from toxins and noxious organisms, Pasteurized milk, beef juice freshly prepared at home, or one of the good "infant foods" not requiring the addition of milk may be given, with caution.

In the case of adults who have not previously been taking milk, one may give small quantities of boiled milk, to which water, pancreatin and sodium bicarbonate have been added in proper proportions for digestion. Of this about four ounces should be sipped slowly every three or four hours. It is best given warm; that is to say, the digestive powder dissolved in an ounce of cold water should be added to 3 or 4 ounces of warmed milk (previously boiled), and this mixture be slowly sipped without further standing. When vomiting has not been a feature of the case, the digestive powder may be omitted, an

alkaline diluent, such as Vichy or seltzer water, being employed instead.

Under treatment of this character prompt recovery may be confidently anticipated.—S. S. C., in Philadelphia Polyclinic.

Decreasing Birth Rate.

The birth rate of a nation has long been considered a matter of vital importance. Whether with good reason or not, it has been asserted that the rise or fall, beyond certain limits, was an index of promise or of danger. This assertion has seldom been challenged, probably because those agitating it were especially interested in a large birth rate. It is in France that the question has been most discussed. There a decreasing birth rate has been deplored, and an effort made to avert the danger. The problem with France is a national one, a simple question of population. Surrounded on all sides by enemies, she feels the need of numbers. More births mean more soldiers. It is not a matter of morals, but a matter of power; not a matter of more homes, but of more regiments.

To account for the decrease in the birth rate is not difficult. There are many reasons for it, and good ones, too. In Europe millions of men are made soldiers instead of husbands. As privates in the army they cannot marry, and should they do so, they would have no means for supporting a wife nor time to devote to domestic duties. The withdrawal of so large a number of men from possible matrimony means that an equal number of women are deprived of the opportunity to marry. These conditions have at least two effects. One is that the men, when their term of service is completed, return to private life without having accumulated any money for a start, without having studied trade or profession, older and more handicapped than when their term of service began, hence less disposed to enter upon matrimonial obligations and responsibilities. Another effect is the increase of immorality and illicit intercourse among both the male and female population, and it requires no arguments to prove that illicit intercourses are not fruitful ones.

Emigration is another cause for decreased birth rate in Europe. Hundreds of thousands annually leave the shores of Europe for North and South America, Australia, Africa and India. These emigrants are in the prime of life, and either marry and at once leave their native land, or postpone the taking of a mate until the foundation for a fortune is laid in some new world.

These reasons, while seeming to account in some degree for

this state of affairs in the old world, will not apply with equal force to our own country. Here our army cuts a very small figure, and emigration is of still less importance. But there are other potent influences at work. Our birth rate in 1880 was about 31 to the 1000 per annum; in 1890 less than 27, and at this rate of decrease is at present something like $23\frac{1}{2}$. The rate which so seriously alarmed France three years ago was 22 to the 1000, the lowest of any country in the world. At our present rate of decrease, by the census of 1900 we shall have attained the French standard.

Now, how is this to be accounted for? In several ways. Surgical procedures exert their quota of influence, both here and in the old world. Over half a million French women have had their ovaries removed since 1883. Innumerable operations of a similar character have been done in all other parts of the civilized world. Whether these wholesale ovarian removals have been justifiable or not, they have none the less exercised an influence in bringing about the present condition of affairs. Then there are fewer marriages and more divorces to the population than ever before. This is a logical result of the times. Modern civilization is every day forcing women to become less the companion, and more the competitor of man. We live in an age when money is God. Poverty and success are entirely incompatible. Men shrink from the responsibilities which marriage and a family bring, and many do not marry. Then again people are growing wiser, or rather, more shrewd. They marry, but only one offspring, or none, is the result. They have discovered the science of prevention, and they apply this science more in the marriage bed than in hygiene. But the most potent cause which influences the birth rate is at the same time the most criminal and dangerous one. Abortion, abortion, abortion, is rampant in the land. The professional abortionist, male and female, is everywhere. He grows fat and defies the law. His work is usually skillful and effective. The victim is an accomplice in the crime, the miniature ovum can tell no tales. The act is secret and insidious, and the law powerless. Of ten thousand such crimes committed, probably one may come to the light. The victim is dead, conviction is impossible, and the crime goes on.

Then the abortionist is not alone culpable. Women with all their finer moral sensibilities, with all their keen devotion to their offspring, seem to develop no affection for the unborn babe. In the extremes of inconsistency the mother will rack her body, torture her soul, yield her very life for the sake of her

child, and at the same time, and with the same earnestness and desperation, resort to the hat pin, the whale bone, the long feather, the abortionist to kill the bud that is blossoming in her womb.

To prescribe an effective remedy is much more difficult than to assign the cause. In vain is France laboring with the problem. She is working desperately to save the lives of the babes in the cradle, and has made it a crime to use a nursing bottle with a tube attached; but in increasing the number of births, her methods have been less effective. She has appealed to the patriotism and to the pockets of her people, but in vain. Her men will pay their taxes and fight, but will not marry; her women will nurse the sick and wounded, but will not bring forth children. Even the revered memory of Napoleon, who to Madame De Staal said, "The greatest woman in France is she who has given birth to the largest number of children," fails to arouse any magic influence. Women today are ambitious in other directions.

Moral development should be an effective remedy, but is not. The day may come when it will be. None are so base as to defend the crime of abortion, but to persuade the individual to refrain from it requires more eloquence than the average honest physician possesses.

But to one who thinks upon this problem, the questions which constantly force themselves to the fore are: Is the danger from a decreasing birth rate real or apparent? Do we need more people? In the heart of China are more people a necessity? We exercise discretion in breeding dogs and horses, should we exercise none in breeding human beings? Is it man's duty, and woman's, to bring into the world all the children of which they are capable, without regard to their physical, temporal or moral welfare? Is the debt of parent to child not greater than that of child to parent? Are children to be grateful to parents for their existence? Should parents realize that a child should not be brought into the world bound hand and foot by poverty, ignorance, social and moral degradation? Is any one, be he or she slave, drunkard, criminal, idiot, ignorant or diseased, good enough to be a parent? Are not many, if not most, parents incompetent educationally to rear their offspring properly? And why is it the rich have so few children and the poor so many? These questions and a hundred others cannot be suppressed, but their consideration belongs to the political economist and the moralist, rather than the physician. We should like to see them wrestle with the problem.



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Smallpox.

There have been a good many cases of smallpox in Alabama during this year. Evergreen, Mobile, Greenville, Montgomery and Birmingham are the cities which have been most greatly disturbed with the disease. Dr. W. H. Eunders, the State Health Officer, has been very vigilant and aggressive, and, with the co-operation and able assistance of the local boards of health, has been able to prevent the spread of the disease.

In the city of Birmingham there appears to have been a lack of agreement on the part of the people as to the diagnosis made by the board of health. Just how many physicians entered into this unbelief we are not able to say, but usually when the people go so far on so serious and important a question, it is when they are listening to some one whom they think understands the question as issue. Any way, many doubting

Thomases turned up and asked that an expert be sent for to verify the diagnosis of the board—or to tell the people that the disease was not smallpox. To this request Dr. Charles Whelan, an erudite and conscientious physician of the city, wrote the following card, which was published in the city papers:

"To the Editor of the Age-Herald:

"I was very much surprised to read in your issue of this morning that application would be made to the government for an 'expert' to visit Birmingham for the purpose alone of diagnosing the disease now prevailing in this city. In the first place, no such necessity exists, and besides, it is manifestly a reflection upon our able and accomplished physicians resident here. It would seem to me that the merest tyro in medicine, even without any very large experience in differentiating between eruptive diseases, would have no difficulty at a glance in pronouncing the disease, fortunately for us, a mild form of variola, or smallpox. If any man will send for and view the face of Thornton Duggar, who has just been dismissed from the pest house, he will have all doubts solved at once.

"I say this advisedly, as it has been my good fortune in the past to see as many as 600 cases congregated in one hospital at Fort Delaware during the late war, resembling in all respects this very disease. Why should any doubt exist in the mind of any intelligent doctor? Why should any layman arrogate to himself the right to express an opinion at all when he has never seen the cases and would be entirely incompetent to express any opinion, pro or con, if he had?

"As the disease has been now almost jugulated by the vigilance of our physicians, it is greatly to be hoped that we may not have further agitation or doubts thrown upon it by introducing in our midst an 'expert,' so to speak. Let every man, woman and child, colored doctors included, recognize the patent fact that we have had true smallpox prevailing among our people, modified by the hot weather and environment, and although in many instances not typical, yet sufficiently so to make the diagnosis unquestionable in the mind of any man who has the right or is entitled to an opinion.

Charles Whelan.

"August 11, 1897."

The expert came, however, and if reports are correct he came uninvited, so far as the physicians are concerned, and not much wanted, and certainly not needed; but his verdict is that the

disease is smallpox, and as a competent physician and expert, he says that he is surprised that any physician could say that it was anything else.

The Age has to say that the people of these cities owe the physicians a debt of gratitude for their unselfish work, which, if paid in currency, would bankrupt them.

The Report of the British Vaccination Commission.

We are glad to have at last the actual report of the British Vaccination Commission before us, more or less imperfect abstracts of which have been published.

After seven years work, during which time the commission held 136 meetings, examined 187 witnesses and investigated six epidemics, a voluminous report is offered. The commission was appointed in May, 1889, and among its members are some of the most prominent physicians of Great Britain. The objects of the commission were to investigate:

1. The effect of vaccination in reducing the prevalence of and mortality from smallpox.

2. What means other than vaccination can be used for diminishing the prevalence of smallpox, and how far such means could be relied on in place of vaccination.

3. The objections made to vaccination on the ground of injurious effects alleged to result therefrom, and the nature and extent of any injurious effects which do in fact result.

4. Whether any, if so, what means should be adopted for preventing the ill effects, if any, resulting from vaccination; and whether, and if so by what means, vaccination with animal vaccine should be further facilitated as a part of public vaccination.

5. Whether any alterations should be made in the arrangements and proceedings for securing the performance of vaccination, and in particular, in the provisions of the vaccination acts with respect to prosecutions for non-compliance with the law.

The report first reviews the subject of smallpox historically and reiterates the accounts of the horrible devastations of this

scourge. It is recalled that in Europe in the last century smallpox killed 500,000 people annually; that it caused half the deaths of children under 10 years; that to it was attributed one-half to two-thirds of the blindness, and that it was severely epidemic about once in three years. No class of people was exempt. Six members of the family of William III died from smallpox, and the monarch himself was permanently marked. Illustrative of its great prevalence in England, it is stated that in the town of Chester, in 1774, with a population of nearly 15,000, and without any exceptional sanitary advantages as such affairs stood in those days, 93 per cent of the inhabitants had had smallpox.

The practice of inoculation until its prohibition in 1840, and the gradual popularity of vaccination until the principle of compulsion, first introduced in the act of 1850, are reviewed. Further legislation founded on the assumption of the efficacy of vaccination was instituted in 1867, 1871, 1874 and 1879. Arguments are advanced that conclusively show the enormous decrease of the disease after the acceptance of vaccination, and that also prove that the decrease was not due to the great decline in the practice of inoculation, nor to improved sanitary conditions. There is no evidence of a noticeable decline of smallpox in the unvaccinated countries during the same periods, and there was no lessening of the mortality from other infectious diseases such as measles, scarlatina and whooping-cough.

Inquiry into recent epidemics in England definitely proves the protective influence of vaccination, and the greater the number of vaccination marks the greater the protection. After reviewing the evidence the commission find:

1. That vaccination diminishes the liability to be attacked by the disease.
2. That it modifies the character of the disease and renders it less fatal and of a milder type.
3. That the protection it affords against attacks of the disease is greatest during the years immediately succeeding the operation of vaccination. It is impossible to fix with precision the

length of this period of highest protection. Though not in all cases the same if a period is to be fixed, it might fairly be said to cover in general a space of nine or ten years.

4. That after a lapse of the period of highest protective potency, the efficacy of vaccination to protect against attack rapidly diminishes, but that it is still considerable in the next quinquennium, and possibly never altogether ceases.

5. That power to modify the character of the disease is also greatest in the period in which its power to protect is greatest, but that its power thus to modify the disease does not diminish as rapidly as its protective influence against attacks, and its efficacy during the later periods of life to modify the disease is still considerable.

6. That re-vaccination restores the protection which lapse of time has diminished, but the evidence shows that this protection again diminishes and that to insure the highest degree of protection which vaccination can give, the operation should be at intervals repeated.

7. That the beneficial effects of vaccination are most experienced by those in whose case it has been most thorough. It may be fairly concluded that where the vaccine matter is inserted in three or four places it is more effectual than when in one or two places only, and that if vaccination marks are of an area of half a square inch, they indicate a better state of protection than if their area be all considerably below this.

The commission believes that there is no evidence to substantiate the statement that vaccination has increased the mortality from *tabes mesenterica*, *scrofula*, *pyemia*, *bronchitis*, *diarrhoea* and skin diseases. The possibility of infection with *syphilis* and *erysipelas* is acknowledged, but the sum total of the real dangers of vaccination is insignificant when compared to the enormous good of vaccination.

To afford absolute security against the communication of *syphilis*, calf-lymph is recommended; and the commission advise that so long as vaccination is compulsory, the patient or the parent should be allowed the choice of calf-lymph or humanized lymph. To further diminish hostility to vaccination,

it is recommended that there should be an extension of age within which vaccination is required, and that vaccination vesicles should not be opened without adequate reason.

Immediate notification of the disease, and hospital isolation of the patients and isolation for sixteen days of all those who had been in immediate contact with them, offers the only substitute for vaccination; and in reviewing this subject the commission can see nothing to warrant the conclusion that in Great Britain vaccination might be safely abandoned and replaced by a system of isolation.

Further recommendations are:

That power should be given to the sanitary authorities to give compensation for loss of wages occasioned by isolation; that notification of smallpox should everywhere be made compulsory; that increased powers should be given to local authorities with regard to common lodging houses; that revaccination should be encouraged without being made compulsory, and that persons committed to prison by reason of non-payment of penalties under the vaccination laws should no longer be treated as criminals.

The commission offers no satisfactory substitutes for the compulsory acts. Any half-way measures seem to allow so many avenues of avoiding compliance with the acts that they would soon become virtually inoperative.

The report of the majority is signed by eleven of the thirteen members of the commission. Mr. Jonathan Hutchinson and Sir William Hunter, possibly the most prominent and influential members, do not sanction any relaxation of the existing compulsory laws, and even recommend compulsory revaccination. Four members dissent from any form of compulsion, believing that the offer with appropriate arguments should be made to the patients, leaving them free to accept or reject. Two alone of the commission, Dr. Collins and Mr. Picton, question the efficacy of vaccination.—*Journal of the American Medical Association*, August 7, 1897.

Governor Hastings of Pennsylvania.

In his address before the recent meeting of the American Medical Association, held in the city of Philadelphia, among other things Governor Hastings said:

"There is a code of honor in the medical profession in this country which should challenge the admiration and sympathy of humanity. The lawyer's work, whether in the office or the forum, is subject to the revision and correction by courts following well established precedents. The Christian teacher, as well as the lawyer, is continually in the glare of public opinion, and more or less controlled by the public judgment. It is different with the doctor. His client has no opponent but disease or accident. The testimony is all on one side; there is no judge to scrutinize his diagnosis; there is no appeal to a higher court in this world; the doctor is judge, jury, and sometimes executioner. The lawyer's contention is for goods and chattels, the doctor's for human life. The quack, the crank and the fraud have here a wide field.

"I have seen the ideal doctor enter the sick chamber. His coming was as welcome as the morning sunshine. His voice was sympathy, his touch inspiring, his presence healthful. Childhood turned to him with a smile that conquered the marks of pain, and old age confided the secrets of this life and the hopes of the life beyond. Mothers forgot the night of vigil in loving anticipation for their dear ones, or found the inevitable pathway to the tomb strewn with the flowers of faith and confidence in their Redeemer's love. What a sanctuary is that sick room! The physician who enters there without due appreciation of the responsibility of his office is worse than an infidel, and the quack or pretender should be no more welcome than the assassin.

"The medical profession, like the other liberal professions, is over-crowded. The best information I have on the subject reveals the fact that there is one doctor for every 450 inhabitants. The doctor's sign is found in every section—found more frequently than the lawyer's—and he outnumbered the clergy. He is as constant and necessary a factor of every community as the postoffice, the grocery store, the inn or the cemetery."

After referring to the advances which had been made in medicine and surgery, Governor Hastings said in conclusion:

"What the future may have in store for the student and practitioner of medicine; what new laurels shall be gathered to his

crown; what proud position the profession of medicine may attain among the nations of the earth; what relief may be in store for suffering humanity, none may tell. 'One generation passeth away, another generation cometh, but the Great Healer is the lowly Nazarene, in whose footsteps the true physician follows.'"

Aftermath of the American Medical Association.

The gathering of several thousand members of any profession leaves an impression which cannot altogether be accounted for by the transactions of the men formally assembled. The spirit of the American Medical Association is in itself an interesting development of a democratic country. The influence of the association is tremendous, yet it may be said to have no standard of membership and no specific object. In attempting to analyze the paradox, failure is inevitable, as it is always when we attempt to put into words the rationale of a large concourse of human beings.

An association of medical men could scarcely be effected on broader grounds. Every physician in good standing in the regular profession is eligible to membership on complying with conditions so simple as to amount to little more than registration and payment of dues.

The aims of the association are the advancement of the welfare of the average physician, scientifically and otherwise. In consistently carrying out such a broad policy, mediocrity cannot always be avoided, but the results from the standpoint of the average man for whom the Association exists is satisfactory and dignified.

There is only one point in the policy of the American Medical Association which the Reporter would criticise adversely, and even this disagreement is one of method, not of principle. We regard the attempt to codify any strictly ethical or moral matter as utterly futile. Law should be the attempt, not to make a bad man good, but to protect society from the overt acts of the bad man. A written or printed code of ethics can never be so accurately worded as to restrain a shyster nor to guide a man who wishes to conform to the dictum of his profession, but who lacks the instinct of good taste and propriety. On the

other hand, the man who could satisfactorily use a code needs no such assistance.

The association has never been so lavishly entertained as at Philadelphia, and we believe that a local contemporary has voiced the sentiment of the great majority of the local profession in saying that the city had no axe to grind, no candidate for office, no favorite meeting place, no pet scheme of management. Yet we have to regret, and, in no sense of responsibility, to apologize for the attempt of a few men to make political capital out of what should have been the purest hospitality.

One thing could not but impress the most impartial observer at the various luncheons and other entertainments of the American Medical Association. Although the dues paid by members, even if applied in such a way, did not begin to represent the value of the entertainment offered, not a few of the guests and some of the ladies accompanying them, acted as if they were at a bargain counter, elbowing their neighbors for a first serving or a choice bit of food, or complaining of some commission or omission on the part of their entertainers. Yet after all, such criticism was deserved by the scantiest minority of those in attendance, and, for the most part, one could well be proud of belonging to an association which makes no pretense to being select.

One of the noteworthy features of the American Medical Association is the number of satellite societies which its mass has attracted. The medical editors, the examining boards, the colleges, were all represented by independent societies, and the Academy of Medicine held an important two days' session before the American Medical Association assembled. It is rather a joke on the members of the last named organization, that with all their college education, a glaring error in grammatical construction should have occurred on the first page of their announcement.

Nothing could have been more timely than the recent plea of the Reporter for greater care in the preparation of programs. Some of the sections published lists of papers three times as long as could have been presented in the utmost allowance of

time at their disposal. For the man intending to devote his attention to one section, this meant no greater inconvenience than disappointment at not hearing some papers in which his interest had been aroused and fatigue at having to listen to some which were utterly unworthy of an audience. It was quite impossible for one whose time was divided to make plans to hear any particular discussion or paper. It was openly charged by many in attendance that some of the papers had not been written, their authors (?) merely wishing to see their names on the program.

Different men afforded the most diverse examples of methods. Some sacrificed all personal considerations in order to save the time of the section and to allow other papers to be presented. Others gesticulated over platitudes, without interest to any progressive physician, not only without regard to courtesy, but even in defiance of time limits set by joint agreement. We would repeat the recommendation that every society should have an editorial committee which should reject, curtail or abstract every paper not of suitable length and interest, with the same impartiality as if it were presented for publication. .

And yet, with all the opportunities for criticism, what a grand education it is to meet with one's professional associates of many latitudes and longitudes, of both sexes and all kinds! And, with all our shortcomings as a profession, how much there is to make us feel the benefits of mutual support and to give us a modest but enthusiastic pride in being American physicians!—Editorial, *The Medical and Surgical Reporter*.

Some of the doctors of Dallas, Tex., speak of organizing a new medical college, which brings a vigorous kick from other members of the profession and from the Medical Journal of Texas, on the ground that there is no demand or need of another medical college, that the profession is over-crowded and that we have now too many colleges.

Editorial and Miscellaneous Notes.

Dr. A. W. Bell has located at Wares, Ala.

Dr. W. W. Ransom of Birmingham has returned from New York.

Read the medical college advertisements in this issue of the Age.

Don't forget to mention the Age when you write to advertisers.

Dr. L. D. Wilkerson of Bolling, Ala., has located at Montevallo, Ala.

Dr. E. D. Bondurant of Tuscaloosa is in New York for two or three months.

Dr. W. K. Jones of Birmingham has removed to Union Springs, Ala.

Doctor: In writing to advertisers you can do us a favor by mentioning the Age.

Dr. Steele of Columbus, Miss., has been spending a month with relatives and friends in Anniston, Ala.

Dr. G. C. Chapman of Birmingham, after spending a few weeks in Canada and New York, has returned.

Dr. A. B. Calhoun of Newnan, Ga., father of Dr. A. W. Calhoun of Atlanta, died August 1, 1897, age 88 years.

The medical colleges advertised in the Age are all first-class. Look at the list, write for announcements and mention the Age.

Married—Dr. W. E. B. Davis and Miss Gertrude Mustin were married at the First Baptist church, in the city of Birmingham, on the 12th instant.

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Dr. Shirley Bragg of Montgomery, Ala., announces that he will discontinue the general practice and will devote all his time to general surgery, rectal and skin diseases.

Dr. George A. Hogan is professor of chemistry in the Birmingham Medical College, and not professor of surgery, as appeared in his paper in last month's issue of the Age by error of proof reader.

Our attention is called to a secretary of a medical college who offers \$10 to any physician who will send a medical student to his school. The students must pay full fee. We are not familiar with the rules and regulations which govern the Southern Medical College Association, and at this time will not discuss the merits of the question.

County Health Office, Chanute, Kan., June 22, 1897.
Mr. J. S. Tyree, Washington, D. C.—

Dear Sir: Please find enclosed \$1.50 for which please send me two half pound packages of Tyree's Antiseptic Powder. This is the third order I have given you, and I must say that your antiseptic powder has given me excellent satisfaction and I always prescribe it with a feeling of certainty of good results which I cannot say I used to enjoy when prescribing our old time remedies. Yours respectfully, Geo. H. Brown, M. D.

Our readers who have read of the serious illness of Dr. Virgil O. Hardon of this city, will be pleased to learn that he is rapidly recovering. In the last few years Dr. Hardon has had three mild attacks of appendicitis, and about July 2 last he was seized with another, more severe than any of the preceding. An operation was imperatively demanded, and this was performed July 4 by Drs. McRae, Cooper and Elkin. For several days it was hardly expected that the patient would survive. From the third day, however, improvement began and has steadily continued. Dr. Hardon will spend the month of August recuperating in the North, and will return to Atlanta September 1.—Atlanta Medical and Surgical Journal.

VISCERAL DISTURBANCES.

The gouty and rheumatic diatheses are frequently associated with organic and functional disturbances of the various viscera. This is especially true of the kidneys and liver. Henry's Tri-Iodides relieve circulatory obstructions and stimulate secretions in the glandular tissues of these organs. Under such circumstances the formula has therefore a triple action. First, a general alterative effect; second, a specific action on the underlying blood condition; third, an eliminant action.

In order to obtain the best results of the Henry's Tri-Iodides, uric acid diathesis it should always be administered in a full glass of pure water, thus flushing the kidneys and securing a proper elimination of disease poison.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION—MEETING AT LOUISVILLE, OCT. 5-6-7-8, 1897.

The executive committee met recently at Louisville, in conjunction with the local committee of arrangements, the following being present: Drs. Stucky, Grant, Mathews, Love, Holloway and Reynolds. It was determined to make the coming meeting the largest and best in the history of the association, and everything points to a fulfillment of this endeavor. The railroads will make a round trip rate of one and a third fare, or probably one fare. The addresses on surgery will be delivered by Dr. J. B. Murphy, Chicago; the address on medicine by Dr. John V. Shoemaker, Philadelphia. Title of papers should be sent to Dr. H. W. Loeb, secretary, St. Louis, Mo.

UNIVERSITY COLLEGE OF MEDICINE, RICHMOND, VA.

The attendance during the last session of this institution was so great (there being 270 students) that additional teaching facilities were necessitated. Consequently, a large modern structure, with a capacity for 500 students, is now being built and will be ready for occupancy at the opening of the next session, September 30.

Every convenience and facility will then be offered medical, dental and pharmaceutical students for the pursuance of their respective studies.

The excellent standing of its graduates in all the departments, wherever they have appeared in competitive examinations, as attested by the public records, bespeak a brilliant future for the University College of Medicine.

The faculty numbers fifty-one professors and instructors, with Dr. Hunter McGuire, M. D., LL. D., as president.

See advertisement elsewhere.

IMPERIAL GRANUM.

The following letter, just received by the Imperial Granum Company from the publisher of one of the most influential of American medical journals, must certainly be most satisfactory to the manufacturers of that sterling food preparation:

"Beginning with the grip, I ended up with a severe attack of gastric fever. This gave me an excellent opportunity to test Imperial Granum, and I assure you it was a great pleasure to have something that was at once so pleasant to the taste, so nourishing and so grateful to a delicate stomach. After being compelled to abstain from food for three or four days, I partook of the Imperial Granum quite freely, without the least disturbance of the stomach. As we have had much experience in dealing with delicate and sensitive stomachs, we thought it very remarkable that any food should prove so nourishing and yet could be taken so freely under such circumstances. I was glad to have such an opportunity to test your food, and I shall always be glad to recommend it."

IT QUIETS PAIN AND PROMOTES IT.

Rather a paradoxical statement. True, nevertheless. When pain is useless, then antikamnia quiets it; when it is necessary, the same remedy increases it. This refers to the use of antikamnia in the pains of labor and as a promoter of labor pains.

H. C. Reemsnyder, A. M., M. D., of Philadelphia, in a recent article says that whenever there is unnecessary pain in labor he administers ten grains of antikamnia, repeated in two hours if necessary. In this way the pain which annoys the woman without helping her is relieved, while the uterine contractions become more firm and labor is accelerated.

Dr. R. B. McCall, Hamersville, O., contributes an article to the *Woman's Medical Journal* on this same subject. He says: "In cases marked by unusual suffering in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forebodings, one or two doses, five grains each, of Antikamnia Tablets promptly change all this. Indeed, in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process."

The following named medical colleges are all first-class, and a student will make no mistake to select any one of them. See announcements in this number of the *Age*:

University College of Medicine, Richmond, Va.

Marion-Sims College of Medicine, St. Louis, Mo.

The Medical College of Alabama, Mobile, Ala.

Southern Medical College, Atlanta, Ga.

University of Maryland, Baltimore, Md.

Kentucky School of Medicine and Hospital, Louisville, Ky.

Vanderbilt University, Medical Department, Nashville, Tenn.

St. Louis College of Physicians and Surgeons, St. Louis, Mo.

Chattanooga Medical College, Chattanooga, Tenn.

College of Physicians and Surgeons, Baltimore, Md.

New York Post-Graduate Medical School and Hospital, New York.

Bellevue Hospital and Medical College, New York.

New York Polyclinic and Hospital, New York.

Medical Department of Tulane University of Louisiana, New Orleans, La.

Atlanta Medical College, Atlanta, Ga.

University of Tennessee, Medical Department, Nashville, Tenn.

Medical College of Georgia, Augusta, Ga.

The Jefferson Medical College, Philadelphia, Pa.

A SAD SPECTACLE.

One of the most unfortunate, so-called-for and disgusting spectacles which men sometimes make of themselves, occurred recently in St. Louis, at the close of a three days' session of an

auspicious medical society. A so-called "smoker," one of the social features of the occasion, which had been widely advertised and to which men of prominence had been invited, degenerated from a pleasant social gathering to a disgusting, vulgar and vile exchange of lewd jokes and foul, reeking stories, at which even the untaught, unpracticed, barbarous men of the time of Moliere would blush. Such a disgusting spectacle shows how thin is the varnish of good breeding over some would-be gentlemen. It is deplorable that some men's idea of a good time is to delve into the recital of the experiences, real or imagined, of profligates who play with woman's virtue as does the cat with the mouse, or to hear some rake or hypocrite tell how he showed his wit in violating his marriage vows to his true and trusting wife. We wish to emphatically enter our protest against such loose morals in the medical profession, and especially among men who know better. Even a "Bowery tough" retains more finesse of feeling as regards consistency than such medical men as these, who pose at home, and with their wives, as honorable, virtuous men, yet when away from home, or absent from their wives, they display such disgusting, cold-blooded absence of sense of manhood, such debauchery of the finer instincts of a gentleman as would make even Don Juan turn over in his grave. We may be called puritanical, but there is one thing sure, our respect for womankind—for mother, sister and daughter—is so great that we cannot tolerate such shameful profligacy, such shameless cynicism, such shameless disregard of the virtue of woman, such wanton absence of good taste, to say nothing of the direful results which such expositions of corrupt manhood have on our profession. We believe that physicians should always preserve the politesse de cœur—which marks the gentleman, and never descend to the level of the rake, the debauchee or the prostitute, and the sooner such "smokers" are done away with, the better off will be the medical profession.—F. P. Norbury, in the Medical Fortnightly.

The Alabama Medical & Surgical Age.

VOL. 9. SEPTEMBER, 1897. No. 10.

Original Communications.

REMINISCENCES OF THE LIFE OF A MEDICAL STUDENT OF THE LONG AGO.

BY CLAUDIUS HENRY MASTIN, M.D., A.M., LL.D.,

MOBILE, ALA.

PART III.—THE FACULTY.

“The heart runs o’er
With silent worship of the great of old!
The dead, but sceptered sovereigns who still rule
Our spirits from their urns!”

In the chair of the Theory and Practice of Medicine I found Chapman, who for nearly forty years had been identified with the University, and who by universal consent stood at the head of his profession in America! A Virginian by birth, he was descended from an ancient and honorable family, which gave to him the polish and elegance of manner so marked among Southern gentlemen! He was himself an alumnus of the University, and afterwards was finished in his education at the University of Edinburg, where he remained three years! Having spent a year in London as the private pupil of Abernethy, he returned to America and commenced the practice of his profession in the then metropolis of the country. He had embraced the pathological views of his teacher, and maintained that all constitutional disorders either originate from or are allied with derangements of the stomach or bowels, and can be reached only through these organs. These views formed the basis of his lectures, and can

be traced through all his writings. He was to the close of his medical life a most uncompromising Vitalist and Solidist!

As a lecturer he was self-possessed, graceful, deliberate and emphatic. Whenever he became warmed with his subject, he often became oratorical! When the nature of his discourse was dry or uninteresting, he was sure to enliven it with some stroke of wit, a happy pun, an anecdote or appropriate quotation! I remember one instance which will illustrate how perfectly at ease he was on all occasions, and how apt to take advantage of anything calculated to disturb him during one of his lectures. It so happened one day, when he was lecturing upon eruptive fevers, and was impressing his class with the fact that, as a rule, all eruptive fevers are contagious, the class was getting tired and worn from the long and rather dry lecture, and a number were leaving the room by ones and twos through the rear door. At first the old gentleman paid no seeming attention to the movement, but went on with his lecture in his usual manner; when at last a student, sitting in front, got up and was quietly wending his way to the door, the doctor halted him, and remarked: "Gentlemen, I have been telling you that eruptive fevers were contagious, and here is an illustration of the truth of my assertion! The disease has attacked the rear benches, and seems to be spreading through the class! See this fellow—how he is breaking out!" The effect was magical. The class was in a roar of laughter, and the young fellow sneaked into the nearest seat, and concluded to wait for the ringing of the bell which summoned the class to the next lecture which was to follow. Throughout that lecture the doctor had no more cases to prove his assertion, for not a single other student was seized with "a breaking out!"

Dr. Chapman was of large, commanding size, always dressed in faultless black, with white silk neck handkerchief, and came into the lecture hall as if he was entering a fashionable drawing room. His bearing under all circumstances was dignified, his manner easy and his gestures graceful. His extensive reading, large experience and observation furnished him with stores of facts and cases, which illustrated his lectures, and command-

ed the attention of his class. His voice had a peculiar intonation, which was due to some defect in the conformation of his palate, which rendered the articulation of certain sounds an effort, and when first heard it was difficult to distinguish his words! This, however, was of short duration, for when once accustomed to its tone, the enunciation was remarkable for its distinctness!

Dr. Chapman's personal popularity was not inferior to his professional position. His temperament was cast in the happiest mould, and his social disposition, with an unfailing gaiety of spirit, made him most approachable, and hence the students sought him as their special friend in all emergencies! It was not an infrequent occurrence when some wild student, out on a lark at night, would fall into the clutches of the police, and require some friend to rescue him from the lock-up; and on such occasions they found in Dr. Chapman the generous, frank, open-hearted and open-handed friend who never failed them! When applied to for such service, his only question was, "Is he a University student—is he from old Virginia?" That was all he wished to know, for he was always ready to stand by the student, whether in the right or the wrong, and his intercession was certain to get the fellow out of the limbo of the law! Is it a wonder that the students all loved and respected him, and were willing to do anything that he might wish?

As a rule, it was his custom to walk around the city on his professional visits, and always when he came to the University to deliver his lectures. His tall, commanding figure was one often to be met upon Chestnut street, and frequently have I seen him going down the street, with a troop of students at his heels, enjoying the brilliant flashes of wit and wisdom with which he was entertaining them. It seemed that he enjoyed such occasions, and was amused at "the boys," as he was wont to style them! I recall an incident which took place during the winter of 1848, which illustrates the character of the man, and shows how utterly impossible it was for him to refrain from his wit, or the indulgence of a pun, when an opportunity presented itself, it mattered not how painful the circumstances might be.

On this occasion it happened that some patient from a distance had come to Philadelphia for the benefit of his attention, and was stopping at Jones' Hotel, on Chestnut street. It so happened that the day was very cold, and the pavements were covered with sleet and ice, which made it difficult to walk with ease or safety. As the old doctor was coming down the stone steps which led from the hotel door to the sidewalk, his foot slipped, and falling, he sustained a painful injury to the elbow joint. Everyone in the city knew him, and as all loved him, the tidings spread with lightning rapidity along the street, and soon an immense crowd had collected around the entrance to the door of the hotel; the news having reached the University, large numbers of students hastened to the place to render any assistance in their power to their beloved professor. He had ordered a carriage, and was being brought out of the hotel to be taken to his residence, when he saw the familiar faces of his students, and knew with what anxiety they desired to know the extent of his injuries. Standing erect upon the steps of the hotel, with his injured arm in a sling, he said: "Boys, these are days to try men's 'soles,' and old Chap has had a severe fall, but is not much hurt. Go home and keep out of the cold; he will be all right in a few days!" And so he was!

In his lectures, the text books which he advised were his own, viz: "Chapman's Eruptive Fevers, Dropsies and Gout," and "Watson's Practice of Medicine." But the trend of his lectures all bore upon the subject of fevers; he regarded all fevers as sympathetic of a primordial local disturbance, and to this condition he directed his treatment. Sydenham was his great authority, and his constant reference; and throughout the entire course of his lectures he would cite him on all subjects. Calomel and emetics were the sheet anchors upon which he placed his confidence. I remember that at my examination for my degree he said to me: "You were Wood's private student, were you not?" And upon my affirming the same, he remarked: "Well, I suppose he made you read the United States Dispensatory, and you found a vast deal of useless material in that book. Don't you think you could get along, and treat the great majority of

diseases which you will meet in your practice with very few drugs? I think that you will not find much use for all that Wood put in that book, but with a little calomel, castor oil, ipecac, opium and quinine, you will find you have weapons enough to contend with the great majority of diseases you will meet." Of course this was a cut at the Dispensatory, and a side thrust at Dr. Wood, whom he did not like more than he should. He appreciated the fact that he was nearing the end of his connection with the University, and that Dr. Wood was the inevitable successor to his chair; and this was the only cause of his objection to Dr. Wood's advanced ideas upon the practice of medicine!

He was proud of his position in the Chair of Practice, which he filled with distinguished success for more than a third of a century, and he left it with a national reputation. As a teacher of medicine, he was behind the age, but as a practitioner at the bedside, he dismissed his speculative theories of morbid action, and drew his remedies from observation and experience. No man wielded more dexterously and successfully the known resources of his time, but in our day a less depressing therapeutics has come into fashion, and the means of combating disease are doubtless more numerous than those which were in Chapman's hands. But—

"Take him for all in all,
We shall not look upon his like again."

Dr. Samuel Jackson occupied the chair of "the Institutes of Medicine," and incidentally taught the Principles of Physiology. At that time the school was behind the age, for there was no Chair of Pathology, and this most important bed-rock of the art of medicine was, if not unknown, neglected!

The business of the Professor of the Institutes was to gather up from all available resources everything that elucidated the nature of life actions of the organism; to search into the laws that governed them, and then to place a distinct account of the facts and principles he had gleaned before the students. This duty he continued faithfully to fulfill, and was never behind the

knowledge which the fertile spirit of inquiry was constantly imparting! He was not wedded to any exclusive or preconceived opinion, or hypothesis, but was open to conviction, and always willing to change or modify his views in accordance with new discoveries. He knew that exclusiveness did not comport with truth, and hence was always prepared to recognize the value of the labors of physicists and chemists. But his lectures were by far too metaphysical to be understood or appreciated by the average medical student, and hence not so valuable in a practical course as if they had been devoted to a more physiological exposition of his subject. His lectures, as delivered at that time, were in advance of the needs of the student, and would have been better suited to the requirements of a post-graduate course of the present day! Few students were prepared to comprehend his labored exposition of the "Correlation of Forces;" the hypothesis that all life actions are intimately associated with, and dependent upon, physical forces, although traceable through bygone times of medical history, has now received new importance through the experiments of physical explorers, with respect to the connection between the forces of nature themselves! These forces being everywhere in operation, constitute the moving powers of all inorganic, as well as of organic, matter. His mind ran in the same groove of speculation with the leaders of physiological inquiry of that date, and he was measurably led in his investigations by Biot, Arago, Farady, Matteucci, and others of that school of investigators.

Dr. Jackson urged that all the phenomena of organization, physiological or pathological, are referable, like all other phenomena of nature, to a small category of general laws. Physical phenomena, according to the class they belong to, are referred to a few simple laws, as of gravity, caloric, galvanism, electricity or magnetism, all of which—it can now be scarcely doubted—are themselves but modifications of but one great law of force. The force producing physiological or organic phenomena is doubtless no more than a modification of the same ruling power displaying its activity in organized matter.

Dr. Jackson was an interesting lecturer, and exposed his

views with great earnestness; but to the average student his course was not at all popular, because it was more theoretical than practical!

Still, there were a certain number of his classes who enjoyed his pleasant manner, his earnest and polished discourse; and hence he had, as a rule, a very attentive number who were always present at his lectures. His health was feeble, due to a neuralgic trouble located in his feet, and from this he was a great sufferer. So much did he suffer during bad spells of weather in the winter that he was compelled to sit upon a high stool whilst delivering his lectures. The trouble increased with his years, and ultimately he became ataxic. His manner was pleasing, and from his uniform politeness to the students, he was a great favorite with them all. With all the old graduates at the University of Pennsylvania, who knew his worth and loved his virtues, there must remain the tenderest recollections of their preceptor and their friend!

He was a most attractive teacher. With warmth and enthusiasm for his subject, he labored to teach the great vital laws, and to explain the "Principles of Medicine founded on the structure and functions of the Animal Organism." His aim was to class the materials which he had collected upon this important subject, and by their exposition to instruct the student in the proper course to be pursued for the acquisition of knowledge. He elaborated the great truths which have been so clearly demonstrated by Marshall Hall, Müller, Matteucci, Bernard, Brown-Sequard and other great lights of the profession. With a gentleness of manner and a sweetness of voice, added to a soundness of theory and an honesty of purpose, he attracted the ambitious student alike by his learning, by his virtues, and by his personal grace!

(*"The Faculty"* will be continued in the next number.)

**QUININE A HARMFUL REMEDY IN MALARIAL
HÆMATURIA.***

BY SEALE HARRIS, M. D.,

UNION SPRINGS, ALA.,

Vice-President Tri-State Medical Society of Georgia, Alabama and Tennessee; Member of Board of Censors, and Secretary of the Bullock County Medical Society; Health Officer of Bullock County; Member of American Medical Association.

All the text-book authorities advise, and even urge, that large and sometimes heroic doses of quinine should be given in the treatment of malarial hæmaturia. This teaching I believe to be fallacious and dangerous; and it is for this reason that in my regular monthly report on medicine I have brought this subject before the society.

The text-book authors, almost without exception, reside in the Northern cities, and I doubt if Osler, Thompson, Pepper, or any of the others ever saw a case of this disease so dreaded in malarial countries. Malarial hæmaturia is a disease that occurs almost entirely in the country, and is treated by the country physicians, who rarely write for the medical journals, and whose observations and researches, which are often valuable, are nearly always lost to the outer medical world.

I do not believe that I exaggerate when I say that the majority of the observers, who have met the disease face to face, believe that quinine is a harmful remedy in its treatment, and many of them insist that the quinine is often the active agent in producing the hæmaturia.

After a careful examination of the splendid monograph on "Malarial Hæmaturia," written and compiled by our own Dr. Jerome Cochran, and found in the transactions of the Alabama State Medical Association for 1884, I find that the majority of the physicians of the largest experience with malarial hæmaturia are opposed to the use of quinine in its treatment. Dr. Cochran on this subject received letters from forty-five physicians in this State, who had had personal experience with the dis-

* Read before the Bullock County Medical Society, July 7, 1897.

ease. After a careful examination of these letters, he wrote the following as his conclusions regarding the quinine treatment:

"As this disease has been almost universally regarded as of malarial origin, it is very natural that our physicians should have felt that quinine was the very sheet anchor in the treatment of this, as of other malarial maladies; and for a long time, and even now, the general rule was to give quinine in liberal and frequent doses. It was, however, very soon observed that quinine exercised far less control over this disease than over our ordinary intermittent and remittent fevers. It was also observed that it often increased the flow of bloody urine, and even re-established it again after it had ceased. Strangest of all, it was observed that in many cases the chills came on while the patients were thoroughly under the influence of quinine. The result of all this has been that the confidence of the profession of the State in the beneficent power of quinine in this fever has been very much weakened; and that many practitioners have ceased to use it at all, unless, perhaps, as a tonic in convalescence. * * * The broad fact, however, still remains that in the treatment of this most dangerous of malarial maladies quinine, the great anti-malarial remedy, has lost ground in the confidence of the profession. Those who still believe in the efficacy of quinine in the treatment of this malady ascribe the waning faith of their doubting confreres to improper methods of administration. It should not be given, they say, until the system has been prepared for its reception—that is to say, until the superabundant bile has been purged away, and the cutaneous functions re-established. To me this argument seems to be entitled to respectful consideration."

I will quote from a few letters received by Dr. Cochran in reply to his inquiry regarding malarial hæmaturia:

Dr. S. M. Hogan, then of Union Springs, but now of Montgomery, writes as follows:

"We are utterly opposed to the enormous doses of quinine recommended by some physicians, believing they will result in injury by depressing the already enfeebled vital energies. In regard to the number of cases treated, I have kept an account of forty-two. The first five cases were seen in consultation, and treated with small doses of calomel, large and sometimes enormous doses of quinine, etc. All died. The remaining thirty-seven cases were treated according to directions contained in the article I sent you, and there were three deaths since then."

Dr. W. H. Johnston, of Birmingham, says:

"Quinine ought to be the remedy, but my experience teaches me otherwise, and in my opinion it fails on account of the congestive state of the abdominal organs and the condition of the nervous system, due to the poison causing the disease. A thoroughly quininized patient, deaf as a post, has frequently with me had a second chill and return of all symptoms."

Dr. R. S. Williams, of Mt. Meigs, says:

"Quinine, God's greatest gift to man in malarial districts, was a positive injury in cases of hemorrhagic malarial fever."

He further says:

"In my experience, a malarial cachexia is always a necessary precursor of this disease, yet I must confess that I have never yet met with a case that had not taken quinine before its development into hemorrhagic malarial fever. I have seen a number of cases pass suddenly into hæmaturia when fully quininized and quietly in bed, for the purpose of keeping off a chill."

So with many others of Dr. Cochran's correspondents, but I will not tire you with further quotations from them. Since 1884 the sentiment against the use of quinine in malarial hæmaturia has been steadily growing. In 1892 Dr. H. A. Hare, of Philadelphia, addressed letters to the physicians in the regions where malarial hæmaturia occurs, inquiring as to their experience with the use of quinine in its treatment. He received one hundred and fifty-five replies from physicians residing in Texas, Mississippi, Alabama and Georgia. Of those whom Dr. Hare classed as "experienced" he found nineteen who regarded quinine as useful; twelve who believed that it would cure the disease, and twenty-eight who regarded it as harmful; and twenty-seven asserted that it was capable of producing the symptoms. The replies from those whom Dr. Hare regarded as "inexperienced" were largely in favor of the quinine treatment.

Of course we cannot judge of the ability of Dr. Hare's correspondents, but he has set his seal of reprobation on the use of quinine in malarial hæmaturia.

Dr. J. W. Meek, of Camden, Ark., in the May number of *The Therapeutic Gazette*, has an excellent article on "Malarial Hæmaturia." To quote from him, his paper is written "in the name of humanity to protest against a further promulgation of the

idea that quinine is admissable in the successful treatment of this affection."

Dr. Meek treated his cases for ten years with quinine with a mortality of fifty per cent; since he has abandoned quinine his mortality has been eighteen per cent. The cases treated without quinine were as severe as those treated with it.

Dr. Guise, of Mississippi, reports twenty-five cases treated with quinine, with a mortality of over fifty per cent, and four cases treated without it, all of whom recovered.

Plehn, in the *Deutsche Medicinische Wochenschrift*, 1895, numbers 25, 26 and 27, asserts that quinine will produce hæmaturia in many cases of malarial fever, and that cases of malarial hæmaturia treated without quinine recovered more rapidly than those who received this drug. These statements are strongly supported by many writers in Greece, where this disease is remarkably prevalent.

Dr. J. B. Hamilton, in an able editorial on this subject in the *Journal of the American Medical Association*, says:

"To give quinine to relieve an attack of malarial hæmaturia is to lock the door after the horse is stolen, and its use will give the engorged and overworked kidneys only the additional labor of eliminating the drug."

It was my intention to have given you a detailed description of the only three cases of malarial hæmaturia that I have seen, but I will only make passing mention of them, as I feel that my experience and observation are of but little value compared to those well-known men from whom I have so freely quoted. From my notes on these three cases, I find that all three subjects had been having chills, and had taken large doses of quinine on the day previous to the paroxysm to prevent the expected chill, which, however, came sooner than was expected. The chill was followed in a few hours by the flow of bloody urine. The temperature in none of them was high, ranging from 100° to 103° F. There was vomiting of a greenish color; some pain and distress in the epigastric region; obstinate constipation in all three cases. In one of these cases the jaundice was said to come on immediately after the passage of bloody urine, but in the other two the

jaundice appeared gradually, and did not reach its height until twelve hours after the paroxysm.

The last two cases were of the remittent type; the first of the intermittent form, and thereby hangs the tale of my radical change from a quinine enthusiast to a believer in its harmful effects in malarial hæmaturia. This first patient had had two paroxysms twenty-four hours apart, and after the last his urine was clearing up and other symptoms disappearing.

Dr. J. T. Eidson, of Fitzpatrick, was treating this case, and had on the day previous gotten several bilious actions from large doses of calomel. He was giving Fowler's solution of arsenic and a diuretic mixture. The paroxysm was delayed, and we were hopeful of preventing its appearance. I advised large doses of quinine, but Dr. Eidson objected, saying that it would bring on the hæmaturia. I insisted, and the boy, aged eight, was given two doses of quinine, three grains each, and in two hours after the last dose he had another passage of bloody urine. Dr. Eidson continued the treatment of the case, and gave no more quinine, and the patient had a happy recovery, with no other paroxysms of the hæmaturia.

The other two cases were treated entirely without quinine—one made a happy recovery; in the other all symptoms of malarial hæmaturia disappeared, but her nervous system seemed completely shattered from the attack, and she died thirty days later from what seemed to be simple nervous exhaustion.

As to the etiology of malarial hæmaturia, it seems to me that it must be of malarial origin, since it occurs only in malarial regions, and those attacked give a history of malarial cachexia. That quinine is often the "straw that breaks the camel's back," I think there can be no doubt. As to whether the hæmaturia is due to the breaking down of the corpuscles in the blood, or to renal changes, I am not prepared to say, though I am inclined to the view that it is due to the changes in the blood, as the jaundice that sometimes is complete with the paroxysm is of hæmatogenous character, due to the sudden liberation of hæmoglobin of the blood. However, the post mortems that have been made

nearly always show evidences of renal congestion, and in some instances intense inflammatory changes are found.

Microscopic examination of the urine shows that it is not a true hæmaturia, but contains only the broken down corpuscles from the blood. For this reason hæmoglobinuria would perhaps be a more appropriate term for this symptom than hæmaturia.

A few words only as to treatment. The first indication is to unload the bowels and relieve the congested liver; nothing is so good for this purpose as large doses of calomel. Copious draughts of pure water, with other diuretics if necessary, should be given to flush out the kidneys and remove the excrementary products. Since the kidneys are always involved to a more or less extent, the milk diet is indicated, when the patient's stomach will bear it.

When there is much excitement with nausea and vomiting, morphia and atropia given hypodermically will generally control these symptoms.

Hyposulphite of sodium is said to have a specific effect. As my experience with this drug is limited to its use in one case, I cannot say that this is true, though it is no doubt of value from its action as a diuretic and cathartic.

NOSE BREATHING.

BY RUFFIN A. WRIGHT, M. D.,

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The lungs without abundant supply of pure air will not elaborate the blood properly, just as a furnace with a choked draft fails to drive an engine as it should. The nature of the air breathed is important, but the manner of its respiration is of even greater moment.

There are thousands of people who breathe either constantly or occasionally through the mouth. They can be recognized at a glance, the half open mouth and dull, vacant facial expression; their voices without resonance, weak, nasal and dead in tone. Then there is still a larger number who breathe fairly

well through the nose when at rest, but on exertion are unable to furnish the lungs with a sufficient supply of oxygen, the mouth opens, the throat becomes dry and irritable, they can take no pleasure in healthful exercise. There is another class whose nostrils merely feel stuffy during the day, but at night are so closed that they breathe only through the mouth; these are the restless snorers, with broken rest and bad dreams, who wake with dry mouths and possibly with sore throats.

Why should one breathe through the nose? Because it was provided by nature for that purpose. The air passing through the lungs is moistened by the secretion from the nasal mucous membrane, is tempered to the body heat, is filtered of its dust and germs by the hairs and ciliated mucous epithelium, so that when it reaches the lungs it is moist, warm and comparatively pure. Mouth breathing sends dry, untempered, dust and germ laden air through the delicate organ of voice, irritating the larynx and bronchi, on whose ciliated epithelium it throws the burden of the work, and comes at last imperfectly filtered into the pulmonary air cells.

The chief conditions inducing mouth breathing are 1, congenital stenosis or occlusion of one or both nasal passages; 2, hypertrophy of the pharyngeal tonsil, causing narrowing or obstruction of the posterior nares; 3, deviations of the nasal septum, either simple or associated with septal spines, or more rarely septal spines without marked deviation; 4, chronic hypertrophic catarrh, which may be combined with polypoid growths, or simple polypus without marked hypertrophies. 1. The congenital stenosis or occlusion of one or both choanae is of comparatively rare occurrence, only about fifty cases having been collected from the literature of the subject. (See Morris Schmidt "Die Kraukheiten der Oberen Luftwegen," second edition, page 562.) The occlusion may be of bony or membranous structure. Treatment of the former is by cutting out the superfluous bone with nasal trephines; of the latter, free incision with the knife or galvano cautery; followed in both by tamponing until the wound surface heals, in order to prevent closure of the artificial opening.

2. The hypertrophy of the pharyngeal tonsils (synonyms Luschka's tonsil, adenoid growths, or post nasal vegetation) is an exceedingly common occurrence in children. The hypertrophy of this organ may either partially or completely obstruct the posterior nares, almost or quite fill the post nasal space, press upon or occlude the mouths of the Eustachian tubes and produce the most disastrous consequences to the health of the child. The condition is readily recognized, especially when marked difficulty of nasal respiration obtains. Casual observation of a group of playing children is, for the practiced eye, sufficient to select those so afflicted from their more fortunate companions. The signs observed are the open mouth, giving the heavy vacant expression to the countenance, the pinched, collapsed nostril, bridge of nose often wide-spreading with enlarged veins at the root, or sometimes the features sharp, the upper jaw badly developed, appearing flattened, the cheeks hanging, the failure in articulating the letters m and n, and the dead, nasal voice tone.

In school these children are usually backward, learn with difficulty, cannot concentrate the attention for any length of time on a given subject, suffer from lassitude, restlessness and depression, and are peevish and irritable. This group of symptoms forms the so-called aprosexia. It is probably produced by interference with the cerebral lymph and blood circulation.

At home the parents notice that the child is less alert than its brothers and sisters, has a noisy respiration in the day time, takes cold easily, snores, snorts and is restless in its sleep, suffers from night terrors, wakes fighting for breath, or with a start and scream, due often to the dream that it is falling from a height. In the morning the mouth is dry, throat dry and sore, nose stuffy, cannot be blown properly, so that the secretion constantly moistening the nasal orifices produces excoriation or eczema. There may be headache, lack or perversion of the senses of smell and taste, ringing in the ears and more or less deafness. These are the easily observed temporary effects produced by this variety of nasal obstruction. Of course all of the symptoms do not occur in each individual case; their relative prominence is dependent on the degree of obstruction.

Other and worse results of a more far-reaching and injurious nature are produced on the tender organism during its developmental stage. Ziem and others made experiments upon young animals, sewing up the nostril of one side, the effect on development being marked; it produced asymmetry and failure of development of the cranial bone, of the same side as the obstruction, with spinal curvature. The same facial and cranial asymmetry is exhibited when nasal respiration is obstructed in children between the third and seventh year. The obstructed side develops less rapidly, especially noticeable in the jaws and hard palate. The teeth come together improperly, the inner edge of the lower teeth striking against the outer edge of the upper. The hard palate is highly arched or asymmetrical, the eye on the side of the nasal obstruction is often of less refractive index than the other. The chest is shallow, narrow and poorly developed. The constant tendency to take cold, broken rest at night, swallowing of the excessive mucous or mucus which drips from the post nasal space, impair the appetite and digestion, and the patient is pale and badly nourished. Naturally there is as a rule a diffuse catarrhal condition of the nose and post nasal space. The mouths of the Eustachian tubes are swollen or obstructed by the vegetations, constant or intermittent tinnitus aurium is frequent, more or less deafness sooner or later develops. The tympanum is retracted from unequal air pressure, a catarrhal middle ear disease is set up, and the child is much more subject to acute middle ear disease than is a normal nose breather. There is also much greater danger of a mouth breather contracting the germ diseases than when nasal respiration is free.

Such is a brief resumé of the more constant symptoms and important complications produced by hypertrophic pharyngeal tonsils in children, when nasal respiration is obstructed. Nature compensates for many defects, but at best the youthful organism is heavily handicapped. These are not the chimerical ideas of a few hysterical specialists, but the consensus of opinion of the foremost rhinologists, otologists, pediatricists and general practitioners of the civilized world. Meyer of Copenhagen

had the honor of elucidating and bringing to general notice this trouble. At present contributions from all countries are being made to erect a statue to him in his native city.

The diagnosis must be confirmed by ocular inspection where use of the post nasal mirror is practicable, or where this is impossible, as in younger children, by digital examination.

The treatment of this form of nasal obstruction is both simple and satisfactory. Complete extirpation of the vegetations with Gottstein's ring-knife, or failing in their entire removal, cauterization or seporate after curetting of any fragments remaining, and local treatment, after entire healing of the wound, of the general catarrhal condition, unless, as is often the case, the mucous membrane returns to a normal state on the restoration of free nasal respiration. Treatment by inflation (Politzer's method) of the middle ear catarrh in order to completely restore the auditory function is frequently necessary. Excessive bleeding following the operation is rare. Applications of antiseptic fluids or substances to the wound surface are injurious, fail to attain their end and increase the danger of the occurrence of otitis media. This is the chief complication to be feared. With every precaution, in a small percentage of cases, an acute middle ear inflammation follows, but by using an aseptic instrument, and making the patient remain indoors for two days after the operation to avoid catching cold, the prospects of preventing acute otitis media are excellent. Then, too, these children before removal of the vegetations are constantly liable to middle ear inflammation, so that the slight risk run cannot be regarded as a contra-indication to the operation.

With smaller children the operator has the choice of two methods of operative procedure, viz.: to use the Gottstein knife, either according to the English method, with the child barely under anaesthesia (chloroform), or by the German method, the child being held by a competent assistant, no anaesthetic being administered. The former has the advantage that the necessary after treatment is not so distasteful to the little patient; but it is accompanied by the usual danger of all general anaesthesia, and the special danger of the child's strangling from flow of

blood into the larynx, unless the sponging is vigorously performed, and the anaesthesia is carried to a very slight degree, so that the little patient rouses enough to cough immediately on conclusion of the operation. The second method is absolutely safe, but frightens and pains the child sufficiently to give it a wholesome dread of the operator, and render subsequent treatment more difficult. On the whole I prefer the latter, which, although slightly painful, causes but momentary discomfort and is perfectly safe as to life. With older well behaved children the removal of the growth may be easily and painlessly accomplished with the use of cocaine, the post nasal mirror and one of the many cutting forceps designed for this purpose. Gottstein's original model of the ring-knife is to be preferred to all modifications.

Now comes the argument of the conservative, laissez faire, school of practitioners. The child will outgrow the trouble, later in life the tonsil tends to atrophy, the breathing will be better and the necessity for operative interference no longer exists. Granted, but until this occurs, at the age of fifteen or sixteen, the child has been handicapped in its preparation for life. Its facial asymmetry, lack of proportionate development, mental hebetude, are permanent results which time cannot assuage. It has lost the vigor which youthful health should have stored up, and remedies are fruitless.

No pupils of a modern school for stammering or stuttering are treated for their infirmity until free nasal respiration is restored. The vast majority of them suffer from adenoids.

Many cases of nocturnal enuresis may be traced to nasal obstruction, not only in children, but also in adults. The most plausible explanation of this is that the nerve centres poisoned by carbon dioxide have their sensibility too dulled to respond to normal stimuli.

There is no more question that failure of perfect oxidation of the blood in the lungs produces a weakened organism than that lack of nutritious diet brings about the same result.

The only rational treatment of nasal obstruction, from whatever cause, is to restore free nasal respiration so soon as possible.

3. Deviations of the nasal septum are almost universal, while septal spines occur very frequently. Zuckerkandl of Vienna, by his invaluable anatomical researches, has made clear the individual anomalies occurring in the nose. My esteemed friend and teacher, Dr. Marcus Hajek of Vienna, forcibly presents the subject of septal malformations when, in his demonstrations of his numerous anatomical preparations, he exhibits the only one in which the septum lies perfectly straight and smooth in the mid-nasal line, and explains that it required two years of research before he discovered this perfect specimen.

Only a small percentage of septal deflections and spurs produce nasal obstruction. The habit of operating indiscriminately upon these conditions where no subjective symptoms occur belongs to the domain of meddling quackery. When sufficient nasal obstruction is produced to interfere with free respiration, the ablation of spines and the straightening of septal deviations brings infinite comfort to the patient, and must be accomplished before treatment of the accompanying chronic catarrh can be successfully undertaken.

The symptoms produced in the adult by obstruction from septal deviations are similar in nature, though less in degree than those occurring from adenoids in children. The group of nervous symptoms, lassitude, inability to concentrate attention, feeling of pressure in the frontal region, irritability, headaches, etc., known as aprosexia, is often present. Chronic catarrh is an invariable accompaniment, and is usually due to repeatedly catching cold. The septal spurs are often exceedingly hyperaesthetic. They may produce constant sneezing, paroxysmal cough, hay fever and even asthma, as reflex neuroses.

Treatment of the condition consists in the removal of spines, or in case of timid patients cauterization of the hyperaesthetic areas with the galvano cautery, or preferably with chromic acid. Removal of spines is best accomplished with an electro motor saw, this method finishing in a few seconds the work that takes several minutes with the hand saws formerly and still in use. Saws are to be used only in bony spines; for those of cartilaginous structure the knife suffices.

Deviations are usually confined to the cartilaginous portion of the septum. Operative treatment is in accordance with the nature and extent of the deviation. The crossed incision, or simple ablation of a circumscribed bulging of the cartilaginous septum, causing perforation, or perforating with the trephine give good results, especially when the deviation sits anteriorly. For the S shaped or complete deviations of the entire cartilage, incision along the line of junction of cartilage and vomer, curving up behind to the perpendicular plate of the ethmoid, then an incision above parallel to the bridge of the nose, pushing the septum into the middle line and holding it in place with an iodoform gauze tampon, according to Hajek's method, gives splendid results.

Thanks to cocaine, nasal surgery is today possible, and is painless to the patient. Tamponing causes considerable after discomfort to the patient, but the succeeding free nasal respiration far more than repays this temporary inconvenience.

4. Chronic hypertrophic catarrh is extremely prevalent in our climate with its excessive moisture and rapid changes of temperature. Repeated acute colds are probably the greatest causative factor in its production. When the hypertrophies reach any considerable degree they obstruct nasal respiration with results as noted above. Formerly this condition was regarded as incurable, continuous treatment by sprays and douches wore out the patience of both patient and physician, and accomplished nothing more than temporary comfort. At present by first securing free nasal respiration and then treating the diffuse catarrhal condition, permanent cures are possible. Cauterization of granules in the pharynx, painting of the post nasal space with astringents, local treatment of the larynx, are well enough after nose breathing is established, but are simply idle meddling so long as mouth breathing continues.

Many of the diffuse catarrhs, chronic pharyngitis with dry sore throats on waking, difficulties and pain on continuous talking, or so-called clergyman's sore throat, though it occurs also in teachers, public speakers and singers, often disappear with none, or at least a minimum, amount of treatment when once the nasal passages have been opened.

Hyperaesthetic areas occur on the hypertrophic mucous membrane; as reflex neuroses they may produce various symptoms, persistent sneezing, cough, a tendency to head colds, hay fever, and even asthma. Cauterization of these areas benefits the majority of such cases and cures a fair percentage.

Aprosexia from nasal stenosis is often confounded with neurasthenia. The patient takes tonics, the rest cure, hydrotherapy, the Kneip cure, and massage; tries change of scene at noted health resorts, travel, ocean voyages, and finds no relief until nasal respiration is re-established.

Laying free the nasal passages does not in every case at once restore nasal respiration in the confirmed mouth breather. Nasal breathing must be learned. One of the various chin bandages to keep the mouth closed when asleep is often advantageous for a few weeks. Where the nostrils are pinched and lie together because of paralysis of the dilating muscles, one of the mechanical devices for keeping the nostril open must be used at night until the muscle learns anew its function.

The watch-word in present nasal surgery is re-establishment of free nose breathing. This truth sounds simple as an axiom, it is self-evident, and yet its recognition divides the old from the new school of nose and throat surgery, the futile from the systematic treatment of catarrhal conditions in the upper air passages.

THE IMPORTANCE OF THE MICROSCOPE AS AN AID TO THE GENERAL PRACTITIONER.

BY DR. W. G. HARRISON,

TALLADEGA, ALA.

Read before the Alabama State Medical Association, April, 1897.

Without detaining you with poetical introduction or referring to any recent advances in microscopic investigation, I begin with the generally accepted statement that each physician is, and should be, morally bound to study and use every instrument or method by which he can gain a clearer insight into the pathology, diagnosis and prognosis of disease.

For centuries good men in the profession refused the stethoscope and pessary, and even ridiculed the vaginal speculum; but these have an undisputed place, and have come to stay. Many decades of laborious discussion, and even angry dispute, preceded the general adoption of the clinical thermometer as an accessory to medical observation.

Few there are, at this time, who doubt the utility of clinical microscopy, but fewer still will bear the expense and endure the drudgery of this work in the systematic study of each case.

No laboratory and no armamentarium will prove a substitute for careful bedside observation. This must ever remain the doctor's best and safest guide.

Instruments and chemical reagents are mere accessories, but as such they are invaluable. We must not expect too much of the microscope, but learn its true value, and interpret its teachings in the light of well-proven facts, uninfluenced by personal whims or popular theories.

Because they expect one examination of sputa, blood of urine to complete a diagnosis, regardless of all things else, many of the profession become discouraged, or, perchance, skeptical. We must bear in constant remembrance that 'tis merely an aid—not always positive, but always a help.

The pulse rate, the temperature condition of tongue or skin, character of percussion rate, etc., are not sufficient alone, but, taken together, they shade and color the picture till the malady is recognized. So with the microscope; we must regard it as an accessory, but as such not to disparage or underrate its value.

While working in a hospital my attention was called to the importance—I might say the necessity—of microscopic urinalysis by a rather unique case. According to hospital regulations, the urine of every patient must be subjected to careful analysis the morning after entrance. A child of three years was entered one afternoon and trocheotomized the next morning for the removal of a grain of corn. All was successful, and the surgeon was heard to congratulate the parents on the brilliant prospects of an early and complete recovery. The pathologist to whom the urine had been submitted reported no albumen but hyaline

and epithelial casts. Some days later the little patient had rise of temperature, headache, accelerated pulse, restlessness and rapid respiration. The surgeon suspected pneumonia, but finding no confirmatory physical signs, and meeting no success in his prolonged effort to discover the cause of such unusual symptoms, he referred again to the report on the urine, ordered a second examination, and was informed that the urine contained every evidence of rapidly progressing nephritis. Diet, diuretics and quiet gradually restored the little one to vigor. But for the routine microscopic urinalysis, the child would have succumbed to a fatal malady, presenting no pathognomonic symptoms, and on his death certificate one might have read pericarditis, pneumonia, or what not. 'Tis all important to detect the true diseases in time to begin treatment, before serious damage is accomplished. Some secondary complication, insidious in origin, but disastrous in results, may often arise, and under the guise of nervousness advance to a dangerous issue ere its presence is detected. The post mortem room has afforded many such instances, and they occur in private practice times without number. The following case from my own work contains a lesson, the import of which cannot be overestimated:

F. T. M., aet. 34; first seen Oct. 31; sick eight days, pulse 140, regular and full; temperature 104, respiration 46, mind clear, hacking cough, no expectoration, stabbing pain below nipple on left side; physical examination revealed every evidence of pneumonia in lower half of left lung; ordered large blister and gave wild cherry and ipecac. November 2, two days later, resp. improving, expectorating slightly, temperature 102, and general condition more favorable; tongue quivering, and complains of headache; vomits cough mixture; chemical examination of urine is negative. In my absence the patient was seen on the two following days by a brother physician—the president of your honorable body—by whom the diagnosis was confirmed and the treatment continued, with addition of an anodyne for headache. Nov. 8, general condition more favorable; air enters the lung freely; patient still complains of headache and pain in arms and legs; another chemical examination of urine, with negative re-

sult. Five days later was called in haste to find patient comatose; pulse 170 and feeble, resp. 34; physical examination reveals nothing. No reason can be discovered for this impending death. Finally I asked about the urine, and was informed that he had voided none in eighteen hours. With aid of catheter, I procured 2 ounces. Despite of hot pack, pilocarpine and stimulants, he died in a few hours. Chemical examination of urine showed no sugar, nor albumen with sp. gr. 1014. (By way of parenthesis: In testing for albumen I used the heat and nitric acid methods. I have since relied more on the trichlor acetic acid.) Everything seemed a puzzle, but when this urine was well shaken in centrifugal, and placed under the microscope, I found abundant casts—hyaline and epithelial. Had this simple precaution been done at first, it would have given me fair warning, and I might have employed agents to avert the fatal end. Congratulating myself and patient on the speedy resolution of pneumonia, and pleased with the general abatement of pneumonic symptoms, I neglected the assistance offered me by the microscope, and was soon brought to face a most deplorable condition, recognized too late and now beyond all control. This is a case liable to occur in the practice of any physician, town or country, and 'tis to watch for and successfully combat such serious complications that the microscope is most useful.

Again, not a few cases of chronic nephritis go weeks or months without a serious or suggestive symptom; perchance an unusual headache, recurring neuralgia, dimness of vision, chilliness, insomnia, rheumatic pains, or restlessness, may be the sole indication that the system is abnormal; and we never suspect Bright's Disease till œdematous ankles, swollen eye-lids or high tension pulse suggest its presence; and now, alas! 'tis often too late to expect material assistance from remedial agencies.

Case II. is reported to demonstrate one of the many instances where the microscope will help to eliminate, and thereby reach a diagnosis. Mrs. S. W. F., aet. 24, married, 3 children, youngest eighteen months old, first seen January 22, ill eight weeks, tubercular history, skin relaxed and complains of hot flushes, tem. 100 a. m. to 102 1-2 in afternoon, pulse 100-116 soft; dry, hack-

ing cough, afternoon headaches, hectic flush and restlessness, morning cough and perspiration, moist and sub-crepitant rales in sub-clavicular spaces. Diagnosis—tentative; probably pulmonary tuberculosis; but microscopic examination of sputa fails to reveal any bacilli. Treatment: Counter irritation under clavicles, tonics and expectorants. Ten days later patient has grown steadily weaker; all symptoms aggravated, and now complains of slightly irritating leucorrhœa. Vaginal examination advised, and after some delay patient consented. Found bilateral laceration, everted lips, large and œdematous; very tender and pressure on angles of tear elicits spasmodic cough. With frequent antiseptic douches and a few applications of boro glyceride, with full doses of strychnia and atropia, the patient's general condition rapidly improved. But for the frequent microscopic examination and the absence of bacilli, I should have been fully persuaded of incipient phthisis, and long continued the useless remedies to alleviate a condition which never existed. Here was a case also apt to occur any day in the practice of any doctor, and well demonstrates the advantages both to practitioner and patient from careful and systematic examination of sputa.

To the specialist must be left the tedious task of germ culture and experimental investigation in the line of original research. The busy physician—the general practitioner—may and should entertain a vital interest in such, but being first in and then out of his office, no leisure hours are left in which to pursue these studies. His work must be in the examination of urine, blood, feces and other substances, where delay is fatal, and frequent examination essential. He may even place a tumor or other pathological finding in an appropriate solution and express to some specialist requesting his assistance. Sometimes a short delay will entail no danger, and but little inconvenience. But many are the cases where immediate and frequent examination is all important. I mention one to illustrate:

B. B. S. W. M., 38, married, physician, sick seven months, diarrhœa; first seen Nov. 8, pulse 126 and weak; tempt. 101-102, resp. 24, greatly emaciated, chest organs normal, pain and tenderness over abdomen, especially around umbilicus, five to fifteen evac-

uations daily; bright watery, with occasional clots of blood and a little mucous, faul odor; no tenesmus; tympanites marked at times.

Astringents and opiates fail to relieve; seen by several physicians, and all suspected tubercular enteritis. After procuring a microscopic examination of the stools, we were surprised to find amœbic dysentery.

Following a change of diagnosis was a change of treatment, resulting in gradual and complete recovery. The amœba die soon after leaving the bowel, and so with a case of this nature, we must have patient and microscope together; and as it is often too expensive or hazardous to carry the mountain to Mahomet, we must reverse the order—bring the microscope to the bedside. Had this been done four months earlier, it would have averted much suffering and saved many dollars.

To learn the well established facts of clinical microscopy, urinalysis, blood and sputa examinations is not an easy task. It requires patient energy and persistent practice. The same may be said of physical diagnosis, but each pays a handsome interest on all the time, money and labor expended.

Many times when all other helps fail to shed one ray of hope and life seems slowly but surely passing from our grasp, the microscope will reveal some new complication, and suggest a valuable measure of relief. Again, 'twill point out the pitfalls and quicksands long before they are detected by other means.

It would be a foolish physician, we think, who failed to examine the pulse of every patient. It gives an index to the strength, force and frequency of the heart-beat. This organ works every second, and carries nourishment to every fibre. Is it not equally important that we investigate the organs which eliminate the waste and void the poison? We never fail to inquire after the bowels, and desire to inspect the stools; of far more assistance is the examination of urine. It can only be done thoroughly by aid of the microscope. In recent years much attention has been given to the subject of oxaluria. No chemical analysis is reliable in seeking this condition; but 'tis all important to recognize obscure nervousness, irritable bladder; headaches are thus explained, and when the cause is recognized they can be easily relieved.

The presence of uric acid, excess or decrease of urea may be thus detected. Malarial fever, in all its protean phases, may be quickly and positively detected or eliminated in a few hours; and this service alone is sufficient to tie every physician to blood analysis. As men, we should stop at nothing short of full duty; as physicians, we must employ every assistance offered us, and assiduously use every instrument and method, be the task ever so arduous. The expectant plan is truly useful, and we must ever respect the symptoms of each malady; but better still to know the intricate complications, prepare to anticipate danger and thwart disaster. The clouds of empiricism and shadows of uncertainty are being fast dissipated by the light of scientific investigation. In the words of another: "The artist is giving way to the scientist; conjecture and judgment to confidence and knowledge."

In the diagnosis of disease, the microscope is the best of all specula. With it we can see the minutest changes in stomach, kidney, bowel, lungs and blood. In prognosis, 'tis a safe counsel or an abiding comfort; in the treatment, 'tis a trustworthy guide. He who uses the microscope faithfully will know its value and appreciate it accordingly.

If cod-liver oil has been able to maintain its position as a remedial agent from a time "beyond which the memory of man runneth not to the contrary," its present popularity certainly has not resulted from any lack of sharp and sustained controversy. While the literature commending its utility in a wide variety of disorders is very copious, there has likewise been an abundance of articles, papers and discussions, which contended that cod-liver oil was merely a therapeutic fetic; that it possessed no virtue that did not likewise reside in all forms of food fat; that it was no more readily assimilable than good butter; that, indeed, it was a positive bane to the patient in its loathsome taste, its disturbance of digestion, its provocation of biliousness, etc.

In my opinion these dissenting views constitute a most erroneous and deplorable heresy. Quite apart from the colossal vol-

ume of clinical testimony which bears witness to the real, genuine and positive utility of cod-liver oil in all wasting diseases. my own experience in practice sustains the view that cod-liver oil is an agent of incontestable value when intelligently, perseveringly administered.

The best and purest oil should be obtained, since the inferior oils are offensive in odor and taste. I thoroughly approve of a good emulsion when the microscope shows that it contains the entire oil in finely divided globules, and when I am satisfied that the percentage of oil claimed by the maker is present in the emulsion. Emulsification, moreover, forms a necessary step in the digestion of the fat, and the ready-made emulsion reduces the burden of labor devolving on the enfeebled digestive organs. The product which has given entire satisfaction in my practice, and to which I pin my confidence, is the egg emulsion of cod-liver oil (P. D. & Co.). This product does not deteriorate. is most satisfactory in taste and flavor, and contains, by volume, full 40 per cent of the entire oil. The absence of gum arabic, Irish moss, or the other emulsifying agents commonly used, is assuredly not the least of its advantages.

I have no faith in the so-called wines of cod-liver oil, containing, not the whole oil, but an extract of the alleged alkaloids. As urged by Professor Winter, cod-liver oil is a most complex body. Its beneficial properties reside in the aggregate of its constituent elements, and it is a piece of cruel jugglery to proffer a patient a part in lieu of the whole. The deception pointed out by Professor Hare—the entire absence of cod-liver oil from some of the advertised emulsions—merits the severest reprobation of the profession. There should be a fixed standard for emulsions, and the physician should have some positive assurance that the percentage asserted on the label is actually present in the contents of the bottle.—Dr. Frank Webster Jay, in the *Journal of the American Medical Association*, April 3, 1897.

Selected Articles.**RESULTS FROM THE ADMINISTRATION OF IRON IN A
READILY ASSIMILATED FORM AFTER GYNÆ-
COLOGICAL OPERATION.***

BY C. A. VON RAMDOHR, M. D.,

Professor of Obstetrics in the New York Post-Graduate Medical School;
Gynecologist to St. Mark's Hospital and the German Poliklinik.

Some months ago I had the misfortune of having a patient lose a comparatively large amount of blood after a trivial operation. In spite of the weakened condition of her stomach I tried iron, as the quickest acting tonic, to counteract her anæmia. The results were so extraordinarily good and her general appearance improved to such a degree that I decided to put all my patients on the use of the same preparation after any operation, and to carefully note the good or bad results of its administration.

To further guard against making any allowance to my enthusiasm, I had the blood of some patients at the New York Post-Graduate Hospital tested by Dr. H. T. Brooks, the director of its pathological laboratory, and similar tests at St. Mark's Hospital made by the pathologist, Dr. George Lindenmeyr. Some cases were kindly loaned me for observation by Dr. H. J. Boldt, Dr. J. R. Nilsen and Dr. Carl Beck, to all of which gentlemen I hereby once more acknowledge my indebtedness.

The preparation used in all cases was the peptonate of iron and manganese, made according to Dr. Gude's formula and known for short as "Pepto-Mangan Gude."

The results as found have shown me and will convince you that it is not only possible, but highly beneficial to feed a patient on such tonic immediately after an operation and during her convalescence, as a routine treatment.

In only one case, that of a twelve-year-old girl, referred to me by Dr. Beck, an account of which is appended here, had the administration to be suspended because it was not well borne.

Read before the Section in Obstetrics and Gynecology of the New York
Academy of Medicine, May 27, 1897.

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In no case was constipation observed, nor was the Pepto-Mangan taken with aversion.

The period of trial varies from twelve days to forty-four days. Quite a number of patients disappeared before the second examination of blood could be made.

There have been examined twelve gynæcological cases, among which is one check case. I append, however, as long as the examinations have been made by the pathologist, two general surgical and five medical cases.

Case I (Post-Graduate Hospital), patient aged 27 years. Ovariectomy. Time of administration, seventeen days. First count, 5,050,000 to the cubic millimetre; second count, 5,312,000 to the cubic millimetre.

Case II (Post-Graduate Hospital), patient aged 23 years. Laparotomy. Time of administration, sixteen days. First count, 3,600,000 to the cubic millimetre; second count, 3,870,000 to the cubic millimetre.

Case III (Post-Graduate Hospital), patient aged 27 years. Alexander's operation. Time of administration, twelve days. First count, 4,437,500 to the cubic millimetre; second count, 5,670,000 to the cubic millimetre.

Case IV (Post-Graduate Hospital), patient aged 30 years. Oophorectomy. Time of administration, twelve days. First count, 5,250,000 to the cubic millimetre; second count, 5,400,000 to the cubic millimetre.

Case V (St. Mark's Hospital), patient aged 38 years. Excision of fibroid of cervix. Time of administration, twenty-three days. First count, 2,624,000 to the cubic millimetre; second count, 3,450,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 35 per cent; second examination, 60 per cent.

Case VI (St. Mark's Hospital), patient aged 18 years. Miscarriage after pneumonia at fifth month. Curettage. Time of administration, twenty-four days. First count, 2,432,000 to the cubic millimetre; second count, 3,842,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 34 per cent; second examination, 55 per cent.

Case VII (St. Mark's Hospital), patient aged 25 years. Vaginal hysterectomy. Time of administration, fourteen days. First count, 2,962,000 to the cubic millimetre; second count, 3,264,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 30 per cent; second examination, 42 per cent.

Case VIII (St. Mark's Hospital), patient aged 23 years. Pyosalpinx. Vaginal operation. Time of administration, twenty-four days. First count, 3,426,000 to the cubic millimetre; second count, 4,280,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 40 per cent; second examination, 62 per cent.

Case IX (St. Mark's Hospital), patient aged 21 years. Emmet's operation. Time of administration, thirty-six days. First count, 2,351,540 to the cubic millimetre; second count, 3,740,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 35½ per cent; second examination, 70 per cent.

Case X (St. Mark's Hospital), patient aged 37 years. Beck's operation. Time of administration, forty-four days. First count, 2,253,000 to the cubic millimetre; second count, 3,420,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination 36½ per cent; second examination, 55 per cent.

Case XI (St. Mark's Hospital), patient aged 21 years. Laparotomy for pyosalpinx. Time of administration, twenty-three days. First count, 2,680,450 to the cubic millimetre; second count, 4,758,570 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 33 per cent, second examination, 70 per cent.

To convince himself and me that not all gynæcological patients would have their blood-corpuscles increased at the same rate after an operative interference as after taking Pepto-Mangan (Gude), Dr. Brooks has kindly made this check test in

Case XII (Post-Graduate Hospital—control), patient aged 28

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years. Ovariectomy. Time in hospital, fifteen days. First count, 4,368,750 to the cubic millimetre; second count, 4,480,000 to the cubic millimetre.

Case XIII (St. Mark's Hospital), that of a girl, aged 12 years. Resection of tuberculous hip joint. Time of administration, seventeen days. First count, 1,865,420 to the cubic millimetre; second count, 1,760,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 32 per cent; second examination, 32 per cent.

This is the only case where the use of the preparation had to be discontinued because the stomach rebelled, and where no improvement appeared.

Case XIV (St. Mark's Hospital), that of a boy, aged 15 years. Large punctured wound of thigh. Time of administration, fourteen days. First count, 2,480,000 to the cubic millimetre; second count, 3,200,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 30 per cent; second examination, 42 per cent.

Case XV (St. Mark's Hospital), that of a man, aged 37 years. Anæmia. Time of administration, twenty days. First count, 3,586,510 to the cubic millimetre; second count, 4,550,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 52 per cent; second examination, 72 per cent.

Case XVI (St. Mark's Hospital), that of a woman, aged 24 years. Anæmia following malaria. Time of administration, twenty-four days. First count, 3,242,654 to the cubic millimetre; second count, 4,422,500 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 52 per cent; second examination, 75 per cent.

Case XVII (St. Mark's Hospital), that of a woman, aged 24 years. Professional nurse. Anæmia. Time of administration, twenty-eight days. First count, 2,475,216 to the cubic millimetre; second count, 4,060,222 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 42 per cent; second examination, 62 per cent.

Case XVIII (St. Mark's Hospital), that of a girl, aged 19 years.

Professional nurse. Anæmia. Time of administration, twenty-one days; First count, 2,640,100 to the cubic millimetre; second count, 4,125,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 39 per cent; second examination, 60 per cent.

Case XIX (St. Mark's Hospital), that of a woman, aged 25 years. Professional nurse. Anæmia and gastric catarrh. Time of administration, thirty-five days. First count, 2,563,202 to the cubic millimetre; second count, 3,420,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, 42 per cent; second examination, 60 per cent.

The last seven cases do not strictly come within the scope of my paper, but still I was loath not to bring them out, and I am glad that Dr. Lindenmeyr in his zeal picked out these last three cases of hospital nurses for an experiment. You see how rapid their improvement was from the objective figures, more rapid than that of the women operated on, and, I think, for the reason that a certain amount of exercise in the open air helped on the one hand, and the direct loss of blood impaired the multiplication of corpuscles on the other hand.

However, from the foregoing you will, I hope, agree with me that (1) it is beneficial to immediately put a patient on whom an operation has been performed on the use of an easily assimilated iron preparation, and (2) Pepto-Mangan (Gude) seems to be such a rational ideal pharmaceutical preparation.—*New York Medical Journal*.

45 Irving Place.

Treatment of Habitual Constipation in Women.

The constipation that results from lack of tone in the muscles concerned in defecation may have been caused by some lesion in child bearing, or it may be nervous in its origin, which occurs also in men. The treatment of both is the same to bring these muscles up to tone. Pincus, the German gynecologist, accomplishes this by his "abstinence cure," which he claims will ab-

solutely cure the most obstinate and inveterate cases of constipation from this cause. He first prepares the patient by a preliminary course, examining for uterine or adnexal troubles, for which he orders vaginal injections at 38 to 40 degrees C. every day for a week, taking the temperature carefully and accepting the slightest rise in the temperature during this period as a contra-indication for the "abstinence cure." If the patient is nervous, he orders 1 to 3 grams of bromid a day for a fortnight, with an enema of 2 grams of asafetida, and the yolk of an egg in 75 grams of water, or instead of an enema, a belladonna suppository (2 to 3 centigrams). If there are spasmodic contractions of the abdominal muscles a bag of sand is laid on the region for three hours a day, or, better still, a kneaded mass of clay weighing from 500 grams to a kilogram. The continuous pressure of this fresh moist clay cures the spasms completely in three to eight days. In case of stercoral infection, the bowels are evacuated with injections of 7 per cent salted water, or of pure oil, with a few doses of castor oil, avoiding all other purgatives. When all these precautions have been taken, he commences his cure immediately after a menstrual period. Every purgative or injection is forbidden, but there should be a systematic massage of the abdomen, with Swedish gymnastics, and faradization of the intestines may be useful. The patient should be instructed to go to stool every day at a certain time, whether she feels any desire or not, and contract the levator ani morning and night thirty times, as if striving to restrain an imminent defecation. She should also roll around upon her abdomen before rising and retiring, for five to ten minutes, a bag filled with angular pebbles or scraps of iron. If the abdomen is flabby it should be frictioned with a brush, a wet compress applied at night, under an impermeable covering, and a belt worn. The treatment requires a month or two, including the preliminaries. The first spontaneous evacuation occurs in from three to ten days.—Sem. Med., June 9.



The Calot Method of Reducing Curvature of the Spine by Forcible Pressure.

M. Brun reports the death of a child of four during this operation, but states that the fatality was due to the chloroform narcosis, which is extremely difficult to carry out in this operation as the little patient lies on his face and respiration is more or less seriously affected. Prof. C. Willems of Ghent contributes an article to the *Semaine Med.*, of July 28, on this subject, in which he states that the narcosis is unnecessary and dangerous, and that the operation is equally if not more effective without it, while the pain is not excessive. The operation itself has upset all our preconceived notions of handling Pott's disease, and the fact that the forcible reduction of the curvature is not particularly painful is only one more astonishing feature. The child seems to object more to the forcible traction of the assistants than to the pressure on his back, crying: "Don't pull so!" rather than the scream of pain that might be expected. Willems reports eighteen cases thus treated without an anesthetic; the results were more than satisfactory in each case (ages two to four; oldest curative five years). He recommends the operation to all, and adds that relaxation of the muscles is secured much more effectively by the fatigue of the traction than with a narcotic, as the effects of the latter are just passing away when the plaster corset is being applied, when the relaxation is most important; while without a narcotic, the muscles are at that time in the most relaxed condition from fatigue. He has seen more than one child fall asleep from fatigue the moment the traction ceased. He concludes by observing that more assistants are required (six to eight), but that this is all

and any gibbosities pottiques alone, without other assistance than he finds in the patient's family, or any special apparatus except the Calot plaster corset, to immobilize the straightened spine.

The Wire Saw.

Prof. del Greco has been using L. Gigli's wire saw in his clinic for three years, and has gradually extended its use from simple resections of the ribs, until it includes all bone sections except those of the skull, and he proclaims its advantages in unqualified terms. It fits around the bones and saws them accurately and delicately in any shape desired, never leaving a scrap unsawed, while it is yet strong enough for the hardest bones. It saws the soft parts also as evenly as a knife, and can thus be used alone for amputations, etc.; but its value is best shown in operations on the foot, which can be performed with extreme rapidity, with the foot in any desired position, and in any direction; the cut is as smooth and even as if soft parts and bones had both been cut with a knife at one stroke. It is also extremely effective in obstetric work. The inventor claims that it should take its place along with the elementary instruments, knife, scissors, needle, etc., in every surgeon's case. Bardenheuer recently mentioned its advantages in resection of the os ilei. It is made by Hartel of Breslau, on an entirely new principle, from a steel wire serrated on all sides, and can saw in any direction.—Cbl. of Chir., July 24.

Symptoms of Chloroform Collapse.

The symptoms are in all cases alike. Sudden and complete blanching of the face takes place, leaving it of a ghastly gray hue. The term "pallor" conveys no idea of the actual appearance. The eyelids fall open, the eyeballs are fixed in the upward position, with pupils fully dilated as under extreme atropinism. At the same time the cornea becomes glazed and sticky, giving an appearance, which, once seen, is never forgotten. It can only be described in a somewhat fanciful manner by saying that the light seems to fade from the eye as does the color from the cheek and lips. Probably it is due to flaccidity

of the cornea from decrease of intra-ocular tension, noticed by Dubois (*Soc. de Biologie*, 1884). It is the undoubted look of death. I have seen it at many a deathbed, but never under any other circumstances except those at present considered.

The appearance of a person in a dead faint, or just after a severe accident, is no more than the shade of that which obtains in cases of chloroform collapse.

The pulse and cardiac impulse are at these times no longer to be felt. Respiration commonly ceases at the moment when the blanching and stoppage of the pulse occur, but at times a few feeble and irregular inspiratory gasps are subsequently drawn. The patient is to all appearances dead. Whether the heart actually ceases to beat at such times will probably never be ascertained, for the moments are too valuable to be spent in delicate investigations on this point. Neither is it possible to affirm from clinical observation that the heart becomes dilated, as in the experiments of MacWilliam and Johnson on animals. Time cannot be wasted in mapping out the area of the heart's dullness in a patient who is in imminent danger of death.

In some cases lividity, accompanied by turgescence of the veins of neck and face, immediately precedes the blanching and look of death, and is coincident with the stoppage of respiration. Possibly dilation of the heart has actually taken place, and the condition is that of the true cardiac syncope described by Snow.

It might be objected that, were dilatation present, the cyanosis should continue, and not give place to pallor; but, possibly, as the heart fails regurgitation takes place into the inferior cava, and allows the blood from the distended veins of the neck to enter the right heart.

In children, cyanosis, except where actual mechanical asphyxia has been produced, is less apparent than pallor. Under treatment, children almost invariably recover from these alarming conditions, whereas in adults the reverse is unfortunately the case.

As a rule, the preliminary signs of collapse are sufficiently well marked, and if observed in time many a catastrophe may be averted.

These signs are circulatory and respiratory.

The circulatory sign is the presence of increasing pallor, not amounting to absolute blanching.

Failure of respiration is marked by a peculiar type of breathing, in which expiration is extremely short and inefficient, while inspiration is sudden, forcible and gasping, often accompanied by falling of the lower jaw, and spasmodic clonic contraction of the chin-depressors and muscles of the neck. The inspiratory gasps are irregular and broken, and occur with increasing slowness until the condition of sudden collapse ensues.

This type of breathing is precisely similar to that which is often seen in a patient dying of respiratory failure from other causes.—Guthrie Clinical Journal.

The Causation of Puerperal Eclampsia.

The nephritis which coexists with eclampsia is mainly secondary and analogous to nephritis of scarlatina. The liver deals more rapidly with the nitrogenous products of metabolism than with the non-nitrogenous moiety. The authors suggest that in pregnancy the increased work thrown on to the liver may result in hepatic inadequacy and that there may be a "liver of pregnancy" just as there is a kidney of pregnancy. The products of metabolism in both fetus and mother are carried to the maternal liver where they normally undergo katabolic changes to urea and bile salts; but in cases of hepatic inadequacy these products accumulate and eclampsia results. Strumpf found acetone in the urine of all eclamptic patients, whose breath smell of it. The relation of acetone to metabolism is so important that the urine of pregnant women should be systematically examined for it.—American Journal of Obstetrics.

Alcohol at Rouen.

The liquor dealers sell more to families at home than across the counter. To study better this frightful state of affairs, Dr. Brunon took service as a waiter in one of the liquor shops, which number fifty to each one hundred houses in town. He relates that it is a frequent practice for a family to order a liter

of alcohol, which it was his duty to deliver early in the morning. A large soup tureen was filled with slices of bread, boiling coffee poured over them, and the soup seasoned with half the alcohol. This is the morning meal for the whole family, including the children. If there are more than four in the family, the entire liter is emptied into the soup. They are not hungry afterward during the day, but the thirst is inextinguishable till evening. There are 4,600,000 liters of alcohol consumed annually by a population of 112,352 (census of 1891).—*Gaz. Med. de Liege*, July 22.

Hypatic Cirrhosis.

Dr. Kelynack analyzes 121 cases of cirrhosis of the liver occurring in 3,053 medical cases in the Manchester Royal Infirmary. He considers that the disease cannot be conveniently divided into alcoholic and non-alcoholic varieties, most examples met with in hospitals occurring in alcoholic subjects. Nearly 50 per cent of the cases actually die from the hepatic cirrhosis, and over 12 per cent from active tuberculosis. Tubercle of the peritoneum is found in a little over 9 per cent, and active, latent or obsolete tubercle occurs in 24 per cent of all cases. Cirrhosis appears to be more common in men in the proportion of about two to one. The average age at death is, for males, 45 1-2, and females, 42. Ascites he finds to occur in 56 per cent of all cases, and to be usually less extensive in females than in males. It constantly occurs in association with hæmatemesis, in spite of their having been stated to be mutually exclusive. The weight of the liver averages from 53 to 54 ounces. It is increased in size in nearly 33 per cent of all cases, and diminished in about 61½ per cent; its ante mortem and post mortem conditions may not correspond. The typical "hob-nailed" liver is not common at the present day. The spleen in hepatic cirrhosis averages in males 14 1-4 ounces, in females 11 1-2 ounces. It is enlarged in 83 per cent, diminished in 7 1-3 per cent; it is larger and heavier than that met with in cardiac cases. Renal cirrhosis only occurs in association with hepatic cirrhosis in a little over 18 1-2 per cent of all cases.—*Birm. Med. Rev.*

Seal Upon Physician's Lips No Shield for Unlawful Acts.

In the case of *Hauk vs. State*, where the Supreme Court of Indiana affirmed a conviction of producing abortion, the court holds that the rule declared by the statute, which forbids a physician to reveal in evidence matters discovered by him in the course of professional attendance or treatment of a patient, is intended to protect the latter, and not to shield one who is charged with perpetrating an unlawful act upon the patient. The statute, it insists, cannot be so construed as to permit a party charged with crime to invoke it as a weapon of defense in his own favor instead of it being used as a protection to his victim. This interpretation, in its opinion, accords with reason and is supported by authority. On these grounds the court holds that it was not error to permit the physician who attended the patient in question, at the request of the defendant, at the time of her alleged miscarriage, to give evidence of what he discovered upon an examination of his patient during his attendance, and also the fact that the miscarriage occurred while he was present as her physician. The fact that her death may have resulted from the improper treatment of her physician or otherwise, it further holds, would not operate to defeat the conviction, under the statute, of the one who produced her miscarriage by an unlawful antecedent act.—*Jour. A. M. A.*

Treatment of Old Fractures of the Patella.

Subercaze (*Therapeutic Gazette*) holds that unless the interval be very short cure is hardly possible without surgical intervention, which should be undertaken as soon as the formation of callus is nearly or quite over—that is, about three months after the injury. If extension be deficient, the fragments should be united by suture. If they cannot be brought together, he recommends osteotomy of the tuberosity of the tibia, or section of the tendon of the patella. In other cases the upper fragment of the entire patella may have to be removed. Cautious early movements (ten days after operation), and progressive exercise, massage and electricity may give good results.—*Maryland Medical Journal.*



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The Age in Birmingham.

The Age has been removed from Anniston to Birmingham. This change is made for reasons which we think will be to the best interest of our subscribers, of our advertising patrons, and for the best interests of the Age—Birmingham being the largest city in the State, and one of the most important in the South—which will give us better facilities for publishing it. Our subscribers, exchanges, contributors and advertising patrons will please make a special note of the change, and address the Age, No. 2107 Third avenue, Birmingham, Ala.

Beginning with the next month's (October) issue, we will make some changes in the make-up of the Age, adding three or four departments, which will be under the special editorial control of prominent physicians and well-known writers.

Dr. E. D. Bondurant will have charge of a department; Dr.

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W. E. B. Davis and Dr. Ruffin A. Wright will each edit a special department. Special effort will be made to make the *Age* one of the best medical journals published in the South.

We entertain the hope that the medical profession will continue to give the *Age* that cordial and material support which it has enjoyed for the past nine years.

American Physicians in Europe.

The mania for visiting Europe is not confined to any one special class of Americans. Physicians come in for their part in the tidal wave which is ever moving back and forth.

Europe educated and equipped all the physicians for this country in its early days, and for many years after the founding of medical schools of our own many of our greater medical lights received their training at the hands of European savants, and even now there are those who go to Europe for their degrees. This should not be so any longer, for we have some as brilliant medical men in the states as can be found anywhere. We have as many magnificently equipped schools as any of the old world countries can boast. And as for progressive, wide awake surgeons, the United States is taking the lead. Her hospitals are built after the most approved plans, while her operating rooms and amphitheatres are far superior to those of any other country in elegance and completeness of appointments.

Still there is that something which gives the European schools prestige, and to their students position. Until recently Europe furnished the only post-graduate school for American physicians, and a trip to Europe was considered necessary for special training or for a finishing course.

But conditions are rapidly changing and now the only special advantage of a European post-graduate course lies in the fact that the European medical centers lie in close proximity, and one can with very little loss of time and a small outlay of cash go from the one to the other. Of course there are many points of difference that might be mentioned, and when one stops to analyze the situation the advantages of the old world system over that of the new are patent, but when environments and

ages of the different institutions are considered the scales do not tip very heavily on the other side. The schools and hospitals of Europe are either supported by the government or are to some extent under the patronage of the government (state or municipal), and degrees are to be obtained only after passing successfully the ordeal of an examining board. I consider the examining board the feature of the European school. Its work is done without regard to individual or school; it is done conscientiously and well, with an eye single only to the good of the profession and state. Merit is the only thing considered, and a better average is obtained than is possible in a country where any body of physicians can organize themselves into a medical faculty with power to confer degrees; where young men of small attainments and advantages are encouraged to study medicine in order to swell the roll of matriculates and to make a good showing in the annual catalogue. But this is not a picture of all American schools, for many are on a high plane and do their work thoroughly and well, looking to the ultimate good rather than an apparent present prosperity. It is a healthy indication that the masses of schools in this country are adopting three and four year courses. That is a move in the proper direction. Medical teaching in the states has made wonderful strides, but there are a few features incident to a free country which must be eradicated before a degree in medicine from an American school will carry with it all that scientific medicine demands of its votaries. Recent progress in medicine and surgery has been so great that to master any one department requires at least an average intelligence and an untiring energy. How then can a badly trained mind with an insufficient knowledge of the principles of medicine as a foundation expect to hold its own with the whole field of medicine in a sparsely settled section of country which demands the large portion of a physician's time. Let the American schools look well to this matter and give to their graduates a foundation at least upon which to build. Then, of course, the superstructure will depend upon the individual. State boards which have been organized in many of the states have done much in this direc-

tion and will do more when they wipe out the college diploma, place ignorance at a discount and adopt something of a uniform standard of excellence. Let there be an organization of examining boards.

Tri-State Medical Society of Alabama, Georgia and Tennessee.

The committee on arrangements have secured the Auditorium of the "Tulane" for the ninth annual meeting, to be held at Nashville October 12, 13 and 14, 1897. The "Tulane" has been made the headquarters for the society during the meeting. Below will be found a partial list of papers. Titles of papers should be sent to Dr. Frank Trester Smith, secretary, Chattanooga, Tenn., or to Dr. Willis F. Westmoreland, president, Atlanta, Ga.

This occasion promises to be the largest in the history of the society:

1. "President's Address Carcinoma of the Breast," W. F. Westmoreland, Atlanta, Ga.
2. "Psychology," J. B. Cowan, Tullahoma, Tenn.
3. "The True Physician—His Responsibilities—His Duty to His Profession and the People," John C. LeGrand, Birmingham, Ala.
4. "A Pessimistic and an Optimistic View of Medicine," Y. L. Abernathy, Hill City, Tenn.
5. "A Boquet of Remedial Agencies," John P. Stewart, Attalla, Ala.
6. "Treatment of Typhoid Fever," John A. Larrabee, Louisville, Ky.
7. "Abortive Treatment of LaGrippe," E. H. Richardson, Atlanta, Ga.
8. "Electro-Therapy in Medicines," Louise Eleanor Smith, Chattanooga, Tenn.
9. "A New Mode of Internal Electro-Therapy," R. P. Johnson, Chattanooga, Tenn.
10. "Common Sore Throat," James H. Atlee, Chattanooga, Tenn.
11. "Vaccination," Seale Harris, Union Springs, Ala.
12. "The Pathology and Diagnosis of Early Phthisis," Llewellyn P. Barbour, Tullahoma, Tenn.

13. "Sero-Therapy in Tuberculosis," Paul Paquin, St. Louis.
14. "Importance of Early Recognition of Pleural Effusions, Due to Causes Other than those Located in the Pleuræ," Louis H. Jones, Atlanta, Ga.
15. "Abnormal Metabolism," G. W. Drake, Chattanooga.
16. "The Subject of Hamatology," E. C. Anderson, Chattanooga, Tenn.
17. "Inhibition, Physiological and Pathological," J. F. Peavy, Atmore, Ala.
18. "The Rational Treatment of Cancer of the Uterus," Geo. Wiley Broome, St. Louis, Mo.
19. "A Case of Fracture of the Skull, followed by Basilar Hemorrhage; Trephining; Recovery," Curan Pope, Louisville.
20. "The Relation of the Cause to the Immediate and Remote Results of Fracture," R. M. Cunningham, Birmingham, Ala.
21. "Is Cancer Contagious?" E. Mather, Paterson, N. J.
22. "Stimulants and Narcotics in Obstetrics and Gynæcology," R. R. Kime, Atlanta, Ga.
23. "Surgical Shock," Gilbert I. Cullen, Cincinnati, O.
24. "Cystitis; Its Course and Treatment," W. L. Nolen, Chattanooga, Tenn.
25. "Stricture of the Urethra and its Treatment," Wm. R. Blue, Louisville, Ky.
26. "Operative Treatment in Enlarged Prostate," H. H. Grant, Louisville Ky.
27. "Treatment of Chancroidal Ulcers," A. R. Danforth, Atlanta, Ga.
28. "Ablution of the Scrotum for Conditions Other than Varicocele," W. S. Goldsmith, Atlanta, Ga.
29. "The Treatment of Cancer of the Rectum," J. M. Mathews, Louisville, Ky.
30. "Burns and Scalds," G. A. Baxter, Chattanooga, Tenn.
31. "Metatarsalgia, or Morton's Painful Toe," Geo. S. Brown, Birmingham, Ala.
32. "The Application of Plaster Jacket and Dressings," F. B. Sloan, Cowan, Tenn.
33. "Surgery of the Stomach," H. Berlin, Chattanooga, Tenn.
34. "Report of Operative Cases (Brain)," S. G. Courtney Pinckney, Atlanta, Ga.
35. "Fracture of the Elbow," B. G. Copeland, Birmingham.
36. "Treatment of Fractured Maxillarie," D. S. Arnold, Atlanta, Ga.

37. "The After Treatment of Abdominal Operations," Valentine Taliaferro, Atlanta, Ga.
 38. "Epiplocele, Report of a Case," J. W. Griggs, West Point, Ga.
 39. "Appendicitis," G. Manning Ellis, Chattanooga, Tenn.
 40. "The Evolution of the Treatment of the Stump in Operations for Appendicitis," W. D. Haggard, Jr., Nashville, Tenn.
 41. "Obstetrics," W. G. Bogart, Chattanooga, Tenn.
 42. "Some of the Mammoth Ovarian Tumores of Surgical History," A. M. Cartledge, Louisville, Ky.
 43. "Cases of Ectopic Gestation, Operated on by the Vaginal Route," W. E. B. Davis, Birmingham, Ala.
 44. "The Technique in Hysterectomy for Uterine Myomata," W. H. Wathen, Louisville, Ky.
 45. "Hysterectomy," Louis Frank, M. D., Louisville, Ky.
 46. "Hysterectomy in the Treatment of Pelvic Diseases," Geo. R. West, Chattanooga, Tenn.
 47. "Flap Operation for Artresia Vaginæ," George H. Noble, Atlanta, Ga.
 48. "Meningitis in Children," J. W. Russey, Chattanooga.
 49. "Mouth Breathing in Children and its Dangers," William Cheatham, Louisville, Ky.
 50. "Injurious Results of Incompetent Refraction Work," Frank Sims, Atlanta, Ga.
 51. "The Causes, Diagnosis and Prognosis of Valvular Diseases," Hazle Padgett, Columbia, Tenn.
 52. "Rheumatism as an Etiological Factor in Cardiac Diseases," S. W. Fain, Chattanooga, Tenn.
 53. Hunter McGuire, Richmond, Va.
 54. J. R. Wells, Stone Mountain, Ga.
 55. Louis McMurtry, Louisville, Ky.
 56. C. A. L. Reed, Cincinnati, O.
 57. William Warren Potter, Buffalo, N. Y.
 58. George Ben Johnson, Richmond, Va.
 59. Joseph Price, Philadelphia, Pa.
 60. Joseph A. White, Richmond, Va.
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Editorial and Miscellaneous Notes.

From this date address the Alabama Medical and Surgical Age No. 2107 Third avenue, Birmingham, Ala.

"See how these Christians love one another" was an ancient Pagan utterance in the days of ecclesiastical intolerance and persecution. "See how these doctors love one another" may be well spoken of modern medical manners—*verbum sap.*

How do we like Birmingham? This inquiry is made at this early date by a few partial medical friends. Birmingham is a large and beautiful city, destined to be one of the great cities of the South. The doctors are numerous; they are cultured, generous, high-toned, and a splendid body of men, and we are delighted.

Consultations are delicate matters. The fear of offending in the honest doctor, the desire to supplant in the dishonest one, make it oftentimes very difficult to sail between Scylla and Charybdis. Did we not fear to hear a regular horse-chestnut bell rung, we should say "follow the gold—well, go to Klon-dyke."—Clinique.

Dr. Bedford Brown, of Alexandria, Va., died September 13, 1897. The editor of the Age knew Dr. Brown personally, and for several years it has been a great pleasure to meet this distinguished physician and surgeon at the meetings of the Southern Surgical and Gynecological Society and the American Medical Association. Dr. Brown was the soul of honor in his profession—a gentleman of the highest integrity.

In the treatment of primary syphilis mercury is almost a specific. Bichloride of mercury is the best form given by us, hypodermically or by inunction. The last two forms of treatment, however, are very disagreeable, necessitating personal attendance on the part of the physician and preventing the patients from attending to their duties, if they be such as to leave him no

time during the day, or perhaps requiring his leaving the city. If we now consider that next to mercury tonics of iron and arsenic are the most important drugs to be given, Henry's three chlorides, which contain all three ingredients and never cause any disagreeable symptoms, is the desideratum in the treatment of syphilis.

Buttermilk, which at one time was thought only fit for the hogs, as its virtues are better known is eagerly sought after as not only a healthy, but a very pleasant drink, especially by the dyspeptic and old people. Down in the vicinity of Wall street the other day we noticed a stand on the corner of Liberty street, around which several old men, most of them millionaires, were gathered, drinking glasses of rich, iced buttermilk. This, one of them said, was his lunch, and he often came down town to get his drink. The lactic acid dissolves the phosphate of lime and keeps the blood in good condition, thereby preventing or retarding that ossification of tendons and arteries so common in old people.—N. Y. Med. Times.

New York, October, 1897.

To the Medical Profession: It has recently been brought to my attention that several manufacturers have placed on the market certain preparations as substitutes for Aseptolin, which have manifestly not been made strictly in accordance with my published formula, as analysis fully proves. These defective solutions have not only failed in accomplishing the relief or cure of the patient, but in many cases have caused abscesses and other harmful results. I must not be held accountable for the preparation. The only preparation compounded strictly in accordance with my formula is "Aseptolin-Edson," prepared by the Asepta Chemical Company of New York, under my personal supervision. (Signed.) Cyrus Edson.

W. C. Frederick, M. D., Lono, Ark., says: I have used S. H. Kennedy's Extract of Pinus Canadensis (Dark), one to three of water, in sore throat from cold, with splendid results, and have now under treatment a little boy, three years old, suffering from

strumous diathesis, who had been afflicted over a year with otorrhea. Have been using as an injection two drachms of S. H. Kennedy's Extract of *Pinus Canadensis* to four drachms of water, three to five drops, two or three times a day, the ear previously cleansed with castile soap. The little fellow commenced to improve from the very start, and is rapidly improving daily; the discharge has almost ceased. He has been on this treatment for about two weeks.

SUPERIORITY OF SUGAR-COATED PILLS—"WARNER" is demonstrated by a wealth of evidence. There is accumulated evidence of perfect results obtained by the medical profession which has used them for over forty years. There is evidence in the award granted by the Columbian exposition, 1893, upon the following grounds: "The pills are of uniform size, the coating is perfect and protects the pills indefinitely, samples 27 years old being shown readily soluble in hot or cold water." A soft pill mass protected indefinitely from atmospheric conditions is certainly the perfection of pill making. There is evidence to be found every day by suspending a Warner pill on a mosquito netting in water from 98° to 100° and watching it dissolve. This test is conclusive as the conditions most nearly approach the natural conditions present in pill medication. It will show the superior solubility of the Warner product over pills made by any other process. It will guide the physician in his specifications.—*Monthly Retrospect of Medicine.*

WORTH REMEMBERING.

Messrs. John Carle & Sons, New York City—

Gentlemen: It affords me pleasure to inform you of my high estimation of the value of Imperial Granum in a recent case of obstinate vomiting of pregnancy. For many days at a time my patient could retain practically nothing in the way of nourishment until the Imperial Granum was tried, when the stomach immediately became more tolerant and nutrition was rapidly regained—and at this writing, four weeks from the time she began its use, she is still relying almost exclusively on it for nourishment.

It is safe for me to say that in the future I shall depend on the Imperial Granum when its use is indicated, and with best wishes for your success, I am,

Yours very truly,

— — — — —, M. D.

Physicians can obtain samples of this most valuable prepared food free, charges prepaid, on application to John Carle & Sons, 153 Walter street, New York City.

Lady Visitor (at office of eminent physician)—“I have called, doctor, to ask if there is any cure for sleep walking. I have had the habit for several years, and lately it has become worse.”

Dr. Highprice—“It can be cured, madam. Take this prescription and have it filled at Cold, Steele & Co.’s.”

Lady Visitor—“Cold, Steele & Co.’s? Why, that is not a drug store. It is a hardware firm.”

Dr. Highprice—“Yes, madam. The prescription calls for a paper of tacks. Dose, two tablespoonfulls scattered about the floor before retiring.”

The ordinance against spitting in streets cars is being enforced in Philadelphia, where lately a passenger has been arrested and fined five dollars for persistently violating it, though requested by the conductor several times to desist. In other cities, notably Rochester and Scranton, the subject is engaging attention and means are being discussed or adopted to reform the evil of spitting in public places. In Rochester several persons have been fined for spitting on the sidewalks.—Buffalo Medical Journal.

IS THERE ANY CHARGE?

Physicians are expected to give too much of their time and service gratuitously. “In the interest of the patient” has been the excuse for exercising charity too long, and it is not lowering the standard of an honored profession to the level of a mercantile pursuit when we assert that our duties are worthy of recompense. Already the hospital abuse has evidenced that the pecuniary value of professional service is in danger, because of shrewd lawyers and complaisant physicians, medical testimony

has been utilized to the gain of everybody but the poor doctor, and now the insurance companies and their beneficiaries deny the right of the attending physician to charge a fee for attesting to facts, which are requisite to the payment of large sums of money.

If it is right to accept a fee for examining an applicant for life insurance, it is right to charge a fee for testifying to the cause of death in a claim for insurance.

Because the death occurred in a hospital it is by no means certain that the case is one of charity. Patients do get into hospitals and receive gratuitous medical attention who are abundantly able to pay for the service.—Atlantic Medical Weekly.

SULPHATE OF QUININE IN LABOR.

Schwab (*Revue Obstet. et Gynec.*) vaunts the efficiency of quinine as an oxytocic. Whenever he has given it in the course of a simple lingering labor it has awakened or accelerated uterine contractions. Quinine, he maintains, stimulates uterine fibres when once they have begun to contract of their own accord. Unlike ergot, it does not set contractions going; hence it is not an abortifacient. Quinine has one distinct advantage over ergot: the contractions which it sets going retain their normal intermittent character. It acts rapidly—within twenty-five minutes as a rule. Large doses are needed; Schwab gives a gramme, that is, 15·2·5 gr, in two “cachets,” taken at an interval of ten minutes. He prescribes these two doses of sulphate of quinine particularly when the membranes are ruptured, and it is advisable that the labor should be ended as soon as possible. It is harmless to mother and child alike, since, should it fail, dilators or forceps may be used, and there is no difficulty from the tonic contractions caused by ergot. Schwab warns obstetricians that, as the placenta comes away when quinine has been used there is a slight tendency to internal hemorrhage. Coules, as long ago as 1888, advocated quinine in abortion with retention of foetal relics. Schwab has given the drug in three such cases with good results, the relics being quickly expelled, but he cannot feel sure how far quinine contributed to the good

result until further experience. Of its direct value in labor he has no doubt.

A PARTNER WANTED.

A gentleman with experience, who has established business, expects to open a wholesale drug business in the city of Birmingham. He will offer inducements to a good man as a partner who will furnish from \$7,000 to \$10,000.

Anyone who may desire to consider this proposition must furnish satisfactory references. Direct to "Male," care of the Alabama Medical and Surgical Age.

The readers of the Age will note the announcement in this number of the Age of Dr. Goldsby King's Sanatorium. While in the city of Selma during the recent session of the State Medical Association, the editor of the Age, in company with a number of other physicians, was shown through this sanatorium. Dr. King has been very careful in furnishing and equipping the building. The instruments, sterilizer and operating furniture, etc., are an exact counterpart of those used in Prof. V. Czerny's Surgical Clinic at Heidelberg, Germany. Dr. King uses no medicated gauze or iodoform, nor any other medicine, as dressings in aseptic wounds. He uses nothing but dry gauze, as sponges and dressings, after having been sterilized. The rooms are lighted with electricity, and when the temperature is a little high, the patients are made comfortable by the use of electric fans. The rooms are furnished with iron beds and hair mattresses. The doctor has a full corps of graduated nurses, and is well prepared to give the best service possible.

New York Medical Journal quotes Hirsch as saying that in many young girls chlorosis would not assume so grave a character if they were not subjected to the pernicious habit of wearing corsets. The best iron baths will have no effect whatever if the body is habitually squeezed into a corset. It is useless to induce deep respiration by bathing if, after the bath, free respiration is to be hindered by a corset. Of what use is it, the author asks, to excite the appetite if the stomach is squeezed? The

defect in respiration results in troubles of the circulation as well as in cardiac obstructions and disturbances. Hirsch thinks the corset should be abandoned; that a "wasp waist" is no longer considered the ideal of beauty; and that we may become accustomed to another form. The knowledge of having a healthy body should facilitate the adoption of the new mode of dressing. Then it will be found that the intensity and duration of chlorosis will diminish, for gymnastic exercises and games have no value unless the body is able to move freely and without restraint. Then it will become so strong and erect that it will not be necessary to resort to a corset.—Exchange.

Clark, in the *Am. Jour. of Obstet.*, brings forward clear clinical and scientific evidence which tends to support the growing mistrust of the drainage tube in abdominal surgery. Mechanically it is not to be trusted. Its presence handicaps the peritoneum in three ways: The normal peritoneal currents are disturbed, so that the circulation of fluids and foreign matter towards the diaphragm is retarded. An active inflammation is set up about the drain, limiting and impeding the action of the peritoneum. Thirdly, within a few hours the general peritoneum is cut off from all participation in the work of absorption by the wall of adhesion around the drain. Sinuses and hernia not infrequently follow the use of the tube. Infections through the tube may undoubtedly occur. Hunter, Kopp, Kelly and others report badly of the tubes after long experience. Kelly tried the Mikulicz gauze bag in 40 cases, but it proved little more effective than the simple gauze within the tube. The pieces of gauze within the tube were easily removed, but the gauze bag itself was often difficult to extract, and, except that it checked oozing more effectually, was not superior to simple gauze. Lastly, in the Johns Hopkins Hospital, the great frequency of the infection of drains, as demonstrated by the bacterial examinations and the rarity of living progenic organisms in the diseased structures, has caused the almost complete abandonment of drainage as a means of removing infectious matters from the peritoneal cavity.

IT HAS NO RIVAL.

At the meeting of the American Medical Association, held at Washington, D. C., Dr. John H. McIntyre reported "Ten Selected Cases of Laparotomy, with Remarks. From this paper, published in the Journal of the American Medical Association, we quote as follows:

"I use but little opium or morphia, for the reason that these drugs, by locking up the secretions, limit the power of elimination, and therefore favor septicaemia. For over a year past, in cases of laparotomy where pain and rise of temperature were present, I have used antikamnia in ten-grain doses, with the happiest effects."

A further objection to opium and its derivatives is referred to in an article by Dr. Herman D. Marcus, resident physician, Philadelphia Hospital (Brooklyn), published in Gaillard's Medical Journal, from which we quote: "There is probably no group of diseases in which pain is such a prominent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of antikamnia than in the treatment of such affections. An obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikamnia causes no habit, and I have never found a patient refuse to take it."

THE SPECIFIC ACTION OF QUININE IN MALARIA.

Dr. E. C. Register, editor of the Charlotte Medical Journal, read a paper with this title before the North Carolina Medical Society.

After many years of study, both clinical and microscopical, the doctor arrives at the following conclusion in reference to the specific action of quinine in the continued forms of malarial fever. He says a malarial fever without complications will subside after the plasmodia of malaria disappears from the blood; that we have in quinine the means to completely eradicate malarial poison from the body; that malarial fever occurring in a previously healthy subject, and in the Central United States, if at once recognized and properly treated, never ends

in death; that it is speedily curable, never continues, provided the nature of the disease be recognized and appropriate treatment employed.

Dr. Register has made microscopical examinations of the blood of several hundred patients suffering with remittent malarial fever, and has studied closely and thoroughly the crescentic and ring-shaped bodies which he says are the forms of the parasite which is responsible for the continued types of this fever, and he finds that the reason quinine does not always effect these irregular forms of the poison is on account of the usual defects in its administration. He contends that the drug is very imperfectly absorbed when given by the stomach, and when the patient has a temperature of over 102°. He says that in cases of continued malarial fever, if distinct and well marked intermissions of the fever are produced artificially by the use of antipyrine, antifebrine and phenacetine, the crescentic and ring-shaped bodies will disappear after the administration of quinine, as quickly as the spherical bodies that are found in the ordinary case of intermittent fever. In reference to the belief that the forms of the parasite that inhabit the blood cells are not acted on by quinine, he says: "There is no doubt in my mind that this belief is not erroneous. Besides my own observations, I have been able to collect the opinions of thirty-two authors touching upon this point, and twenty-eight out of the thirty-two believe that the endo-globular or intracorpuseular forms are not, on this account, the cause of an uncontrollable fever, and that its proximity to the blood cell does not, in any way, protect it from the action of quinine."—*St. Louis Medical Era*.

THE REDUCTION OF HYPERPYREXIA.

By the cold bath is, no doubt, very efficient, but only if it is carried out. But there's the difficulty. It is frequently not carried out when it should be, and we are, nevertheless, told that it has been done. Sponging the chest and abdomen with tepid water, or water and alcohol, is a simpler method of temperature reduction, and therefore more apt to accomplish results. If the desired evaporation is too slow, fanning may be added to has-

ten the process. I have known instances where physicians were so beset with the idea of reducing the temperature in typhoid fever cases by the cold bath, that it was rigidly and pitilessly and foolishly adhered to despite the entreaties of the patient and the invariable subsequent serious nervous depression. This, too, despite the fact that tepid sponging rapidly brought down excessive temperature, was not only not disagreeable to the patient, but was actually looked forward to with pleasure. Such lack of common sense is actually shocking, and it is not surprising that many patients under such care convalesce slowly, or wearily join their ancestors. Whenever possible, therefore, we should at least avoid making an unpleasant impression, if we cannot actually give pleasure and comfort.—Dr. A. H. P. Leuf, Medical Council.

NORMAL SALT SOLUTION IN POSTARTUM HEMORRHAGE.

In the Moscow Maternity Hospital, during the years 1892-5, the infusion of a .06 per cent solution of chlorid of sodium was used in fifty-one cases of postpartum hemorrhage. The results are reported by S. S. Cholmogorov. With the appearance of the symptoms of surgical anemia, one to three clysmata of from 200 to 250 c.c. were given. If the symptoms increased in severity, and the pulse became small and rapid (120 to 140), the writer has been recently in the habit of using subcutaneous injections of the same solution, in preference to the rectal injection. The injecting needle was plunged into the subcutaneous connective tissue of the leg, abdomen or thorax, as in giving an hypodermic injection, and from 200 to 1,500 c.c. were injected in all, and the places afterwards thoroughly massaged. In extreme grades of anemia, subcutaneous injection was practically without effect. The individual cases are thoroughly studied by the author. He opposes the views of those who regard the use of the normal salt solution as purely palliative, and would always follow it by a transfusion of blood. Cholmogorov believes that the patient is practically saved when, as a result of the injection, the general symptoms have improved. If the quality of the pulse is not markedly improved after the injection, for the reason that this is not absorbed, it is very questionable whether the hypodermic or intravenous injection of blood can avail in the restoration of the patient. Owing to the few observations upon this point, the author leaves this question unanswered.—*Mass. Med. Journal.*

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Original Communications.

REMINISCENCES OF THE LIFE OF A MEDICAL STUDENT OF THE LONG AGO.

BY CLAUDIUS HENRY MASTIN, M.D., A.M., LL.D.,

MOBILE, ALA.

PART IV.—THE FACULTY.

Anatomy and Surgery.

Prof. William E. Horner, world-renowned as an Anatomist, lectured upon that branch! He, too, was a native of Virginia, and a graduate of this University. He had come to Philadelphia seeking a wider field for the pursuit of the special branch of study and research to which he was so ardently devoted. Wistar, the great Doctor of Anatomy, soon discovered his ability, and appointed him Demonstrator of Anatomy in the University. As one change after another took place in the faculty, Horner rose from Demonstrator to Adjunct, until in 1831 he succeeded to the chair of Anatomy, made vacant by the resignation of the illustrious Physick. His fame had now extended beyond the confines of his own country, and he was known all over the world as "The Great Anatomist of America!" In personal appearance Dr. Horner was an exceedingly plain and unattractive man. He dressed in a suit of black, which he wore without style, and was rather awkward in his appearance. Anything else than handsome, he had a rather peculiar face and a singular conformation of head. To look at him attentively one

would not suppose him to be the man of intellectual powers that he was.

As a lecturer Dr. Horner was not a showy man. His subject gave but little scope for brilliant lectures or for oratorical display; yet he was clear, sound, forcible, and perfectly prepared to teach the science of which he was so profound a master. Always interested himself, he commanded the attention of his class; and it was the student's own fault if he did not reap the richest benefits from the instructions he received from this great man. He taught carefully the minutest foramen in the bones, and with equal care the various structures and organs of the body. He used models, drawings, paintings, dry and wet preparations and the cadaver. His prosector of Anatomy was Joseph Leidy—the same Leidy who became in after years the great Paleontologist of America, and renowned equally with the greatest of European Scientists! At that time Leidy was laying the foundation of his future greatness and devoting his energies to the study of Anatomy, human and comparative. He prepared all the subjects used by Dr. Horner in his lectures, and his dissections were works of finished art. They were as beautiful as the paintings of a master hand, and finished as the finest of Florentine wax work. Horner knew his worth, and appreciated the man as one who was destined to make a brilliant mark in the world—as he did! Leidy succeeded Horner in the Chair of Anatomy, and was one of the most brilliant lights which ever shone from the University! As a teacher of Clinical Surgery, Dr. Horner had a wider scope in which to show the soundness of his scientific principles. He was far—very far—from being either a dexterous or brilliant operator, because he was awkward and wanting in manual dexterity; but we are justified in calling him a “safe surgeon”—safe because his exact knowledge of Anatomy made him master of the situation. He consulted the interest of his patient, and had no ambition to attract attention by the dash of his operations!

Truly a good, and great, and conscientious man, his whole soul was engaged in the grandeur of his mission. To do good to his fellow man was the prevailing passion of his life. Of a

kind and sympathizing nature, he was deeply affected by the sorrows and distress of suffering humanity, and to alleviate them was his greatest happiness.

Having spoken of his awkwardness, I must explain: On one occasion he had some disease of a leg which required an amputation below the knee. The case was one brought to the University to be operated upon at a clinic day—either a Wednesday or a Saturday. There were a few rooms within the University set aside for such cases, and they were there attended! This case, I remember, was a negro man, and he was brought into the amphitheatre and put upon the table—the same table upon which the subjects used in the demonstration of Dr. Horner's lectures were placed. In those days we knew nothing of antiseptics, or antiseptic surgery. It was simple "cut and tie" surgery, followed by lint spread with cerate, adhesive strips, and a roller bandage. The man placed in position to be operated upon, with a slop tub to catch the blood and water sitting on the floor at the foot of the table, all was ready, and the professor, after a few clinical remarks upon the nature of the case, proceeded to remove the leg by a circular amputation. As he made the first sweep around the leg, which was well done, and as he prepared to turn back the flap of skin, he lost his hold upon the knife, and it dropped into the tub. He secured a scalpel and turned back the flap, and then had to fish out the knife from the water stained with blood to complete the section of the muscles and deep tissues. This finished, he hunted around for the saw, and slowly removed the leg. He used no artery forceps, but hooked up the vessels with a tenaculum, and then secured them with some coarse ligature, cutting off one end and leaving the other to hang out from the stump, and be removed at such time as the ligature would be separated and come away. Then followed the sewing up, with interrupted sutures, and the spreading on of the cerate cloth over the adhesive plasters, to be followed by the bandage.

Such was an amputation fifty years ago! Very different nowadays, since the art of Surgery, under the teachings of Lister, has reached the state of a science!

Another operation which I witnessed in the clinical amphitheatre of the University under the knife of Dr. Horner I shall ever remember! It was a dense organic stricture, with a network of sinuses running through the perineum. The urethra was impassable to instruments, and almost impervious to urine, the greater portion of which passed via the fistulous openings. The man was a large, powerful negro, and a sailor by occupation. He was brought into the amphitheatre, placed upon the table and secured in the usual position for the operation of cystotomy. The doctor prepared to do the most difficult operation in surgery, viz: external perineal urethrotomy without a guide—an operation which requires the most profound knowledge of Anatomy, a thorough acquaintance with the use of instruments, and the most consummate skill for its successful execution. Of all the operations of surgery, this is the least to be coveted! Dr. Horner had the anatomical knowledge, second to no other man, but he was wanting in that manual dexterity, that "tactus eruditus" so essential to the performance of so nice and difficult an operation! The result was that after the first incision he was groping in the dark for the almost obliterated channel to the bladder. In those days we had no ether, no chloroform, and the consequence was, the pain was excruciating! The poor fellow endured his agony as long as human nature could bear such pain, and at last, with an agonizing yell, he broke asunder the bands which bound him, and, leaping up from the table, he dashed through the branching gas lights (which spread over the table for lighting the room on the occasion of night lectures), and, grasping the gas pipe which hung pendant from the ceiling, he ran up the pipe with the dexterity of a sailor climbing a rope from the mast of a ship. Out of danger from the surgeon's knife, he hung to the pipe and refused to come down when earnestly urged to do so by the doctor! There he hung, clad only in his shirt, with his black and bloody legs dangling below, while the professor was gazing up and entreating him to come down and have the operation finished! But the man was obdurate; he had had enough of external perineal urethrotomy, and concluded that his safest place

was up that pipe, and there he would stay. It was the most ridiculous scene I have ever witnessed during my whole surgical experience, and one I hope never to meet again! Even after long years have passed I never think of the occurrence without being amused; there "that coon was treed," and to him something more terrible than an "old coon dog" was baying him from the floor! After some persuasion he came down, but would not permit the operation to be finished, and he was taken to his room in the clinic ward! What was the result I never knew, for oftentimes after operations, that was the last the student ever saw of the case. I have in some instances witnessed rough, but very good operations at the hands of Dr. Horner, but he never could be classed as a dexterous genito-urinary surgeon—it was not his specialty!

Dr. Horner's text book, which he advised for the use of his class, was his two-volume work on Anatomy and the United States Dissector, which he had arranged for the convenience of the students; but his lectures were so full and so clearly delivered that the students had no real need of a work on Anatomy beyond the dissecting manual to be used in their work of practical Anatomy! I noticed at my examination for my degree that he confined his questions almost exclusively to his course of lectures, as was evidenced by his frequently asking, "What did I tell you in my lectures?"

When I called at his office by appointment to be examined on his branch, he began his examination by saying: "I see that you wrote your thesis on Cynanche Trachealis. You will oblige me by telling me what you know about the larynx and trachea!" He then asked me how many cartilages there were in the larynx, and upon my reply, "Nine," he said: "Did I tell you so in my lectures?" I said, "You said there are five, but I know there are four more than you described either in your lectures or your book!" He looked pleased, but quizzical, and asked: "Well, tell me what they are and where situated!" I replied: "The two corniculæ laryngii and the two cartilago triticeæ—" He said: "True, but I omitted them as non-important; where

did you find them?" I said: "First in Cruvilliere's Anatomy, and then in the dissecting room."

This seemed to gratify him, and he appeared to get his mettle up, and determine to find out how much I really did know of Anatomy! The result was that he examined me for at least an hour, and when he concluded he had well nigh exhausted human Anatomy, minute and general, and at last resorted to "catch questions" with the evident intention of stumping me if possible. He took up the brain and the nervous system, jumping a cerebral convolution to a minute arterial radical, and then to the structure of bone, from which he plunged into the abdominal cavity and unraveled the minute structure of the several organs. In a word, he got all out of me that I had ever crammed in, and when he turned me out there were no more questions for him to ask! The fact was that my close study in the office of my first preceptor, with the abundance of material for dissection, and subsequent two years in the dissecting rooms of the University, had made me thoroughly posted in that branch, and after his first questions he found that I had made Anatomy a study, and he determined to test me to the utmost! I was fortunate in not failing to answer promptly and exactly, every question which he propounded, and the result of the examination made him my friend for life. My preceptor, Dr. Wood, informed me that he commented on my examination at the time the faculty voted upon the candidates for the degree, and expressed a desire that I would call and see him before I left the city. I did so, and when I informed him that I proposed going to Europe to complete my education, he kindly offered to give me letters of introduction, which proved of inestimable value to me when I crossed the Atlantic. In subsequent visits which I made to Philadelphia I always called to pay my respects to the old gentleman, and he always received me with the greatest kindness. He was a pure and good man, a devoted Catholic, a consistent Christian, and probably the most accomplished Anatomist America has ever produced!

The Westar and Horner Museum—the work of his hands—

is the monument of his life; and, like the Hunterian Museum of the Royal College of Surgeons, and the Dupuytren Museum of Paris, stands without a rival!

I have often questioned myself whether the toil and study which I gave to that branch has been of any real advantage to me. The most that I learned in minute Anatomy has been useless in my profession, and today I find use only for general and surgical Anatomy! This is essential to me in the pursuit of my surgical practice, and I keep it always fresh in my memory!

Following in natural sequence, it is now in order that I recount my recollections of the Professor of Surgery. This chair was occupied and ably filled by that renowned surgeon, William Gibson! He was from Maryland, and a graduate of the University of Edinburgh, having been a pupil of Sir Charles Bell, and was eminently fitted for the responsible duties of the position which he filled. Having succeeded Dr. Physick in this chair in 1819, he was the third Professor of Surgery who had been regularly appointed in the school. As a lecturer Gibson was peculiarly gifted. His delivery was clear, fluent and emphatic; his manner was graceful, and he had an unmistakable enthusiasm for his subject. Even in the schools of the Old World it has not been my privilege to listen to any professor who, in my opinion, surpassed him as a lecturer. For these reasons Professor Gibson enjoyed a most enviable reputation. His expositions were so clear that the student could not fail to comprehend the subject. Drawing largely upon his valuable cabinet of models, paintings and morbid specimens, he illustrated his course in a manner peculiar to himself. As an operator he was certainly dexterous, and on many occasions there was a dash and brilliancy of execution which fascinated the student. At the same time that he was a sound, cautious and judicious surgeon, he had a certain boldness of decision and of execution which made him one of the marked surgeons of the age. Calm and self-reliant, he was always the same undaunted man in any operation. It mattered not whether performing the simplest or the most difficult operation under the most try-

ing circumstances, he was always master of the situation. With all the dangers attending such a temperament, I believe he can be properly classed as a successful surgeon. He was a man of generous impulses and a warm friend to the student—most especially so to those of us who were from the South and Middle States!

Dr. Gibson was a large and heavily built man, large head and iron-gray hair, and a ruddy complexion. He was exceedingly vain of his personal appearance and proud of his reputation as a surgeon and teacher of surgery. His style as a lecturer was easy, yet often very pompous—never losing an opportunity to laudate his own merits and to depreciate the ability of others. He was most especially vindictive against the other surgeons of Philadelphia. Sir Charles Bell was his idol, and he quoted him on all occasions. His son, Charles Bell Gibson, he named after his old preceptor, and he became a worthy son of an honored sire! He was for long years the leading surgeon of Virginia!

Dr. Gibson was a very peculiar man, and most singular in his dress. He had spent the summer of 1847 in Europe, and when he came home late in the autumn of that year he brought with him a large outfit of fancy colored waist coats and trousers to match; besides these, he had quantities of gay, flashy neckties and colored shirts. I remember his dress on one occasion was a pair of lavender colored pants, a blue satin vest, a gay necktie, and a shirt, the front of which was printed over with dogs' heads, horse heads, jockey caps, whips, etc. It was a fancy shirt, such as was worn in those days by the cockneys of London! The old doctor was very English in his ideas! He changed his dress each day, until he had exhibited to the class the entire wardrobe of the latest English fashionable waiter wearing apparel. The class received him every day during these dress exhibitions with prolonged rounds of applause, which his vanity attributed to their personal admiration of his appearance, and he of course received it with profound gratitude!

Among the novelties which he brought home that year to illustrate his lectures was an apparatus from which chloroform

would be administered. Chloroform had just been introduced by Professor J. Y. Simpson, of Edinburgh, and never to that date had it been used in America. Dr. Gibson had visited his old Alma Mater, and was flushed with the idea of being the first to introduce the Edinburgh anæsthetic into Philadelphia. So he provided himself with a supply of chloroform and the latest improved apparatus from which he would administer it. This, I remember, was a tall cut-glass vase, probably eighteen inches to two feet in height, with a broad base, and a stem about three and a half to four inches in diameter, which rose to the top, where a cup-like receptacle held a sponge, upon which the chloroform was to be poured; from the base extended a large india rubber tube, covered with green silk, and about four feet in length, with a funnel-shaped mouthpiece to be applied to the mouth of the patient during the administration of the drug! This, I believe, is an accurate description of the first apparatus from which chloroform was ever administered in America; and if I am not very much mistaken, the honor belongs to Professor William Gibson of being the first surgeon who used it! Such is my remembrance of the same, and it is refreshed by reference to my note-books kept during my student days at the University!

It was not very long after his return from Europe when an opportunity was presented for him to exhibit his cut-glass vase and the effects of "the new anæsthetic." A young man suffering from a necrosed tibia was brought to the clinic of the University and assigned to a room. When the clinic day came around, the amphitheatre was densely crowded with students of the University, Jefferson students, and numbers of physicians from the city. It had been noised around that an operation was to be made upon a patient under the influence of chloroform! When all was ready, the professor entered the ring of the amphitheatre, dressed in the height of fashion, with his curtain calico shirt and black broadcloth frock coat; he entered the room, as was always his custom, twirling his gold spectacles in his right hand, bowing and scraping to the class. He began his lecture with an eulogy upon Professor Simpson; what

he had seen upon his recent visit abroad; lauded the virtues of chloroform, and then passed around the class a small vial of the magical fluid, of which we were all to take a sniff and become acquainted with its smell! Then the operating table, upon which the patient, securely bound with leathern straps, lay, was rolled into the ring! The young man was a German, and, like the race, was stolid, and had nothing to say. The professor did all the talking; we did all the listening! Then the funnel was applied to his mouth, and with the assurance that he would feel no pain, he was directed to suck in the vapor. All the while the professor was voluble, and descanted upon the great blessings of the new discovery! The patient sucked the tube, and did his best to get to sleep, but without avail; still the doctor persisted, and said he would be all right in a very few minutes, when he would do the operation, and the man would never feel a twinge of pain! At last all was, apparently, right, and the operation commenced, but in the midst of the work came an unearthly yell and a struggle to get loose from the leathern thongs which bound the sufferer to the table. He cried out in his mother tongue, shouted in Dutch and every other foreign lingo of which he had a smattering—but not a word of English did he utter. The doctor all the while was talking German to the patient, gouging away with chisel and mallet, and trying to quiet him by fresh doses of chloroform poured into the cut-glass vase. Still he yelled, groaned and struggled to get loose from the torture he was enduring! The class got restless, and it was apparent to the professor that they were getting tired and weary of the exhibition, when he, to relieve the situation, said:

“Gentlemen, this is not an unusual effect of chloroform; it often excites the patient, and he acts as this one is doing, but everything is going on all right; he is not feeling a single particle of pain; he does not know anything more than if he were a dead man upon the table!”

This reached the ear of the poor fellow, and he yelled out: “Great God! You are killing me! Let me up! I am dying from the pain!”

Let my readers conceive the scene which followed! I have never witnessed anything like it before or since! Fortunately, the operation was very near finished, and it was only a few more minutes before the table was rolled back to the ward, and the first administration of chloroform in America had become a matter of history. Of course Dr. Gibson was mortified at the failure—or rather the want of complete success—but his great fame and reputation as a surgeon covered up a multitude of defects, and he lost nothing by it! But what became of the cut-glass vase with its long green tube I never knew; that was its last appearance in the operating room whilst I was a student at the University. The apparatus caused the failure; chloroform was not responsible, and it was not long before it was apparent that a simple napkin folded and saturated with the anæsthetic is very much better than all the fancy cut-glass vases or intricate inhalers ever invented!

Aside from Gibson's vanity and desire for notoriety, he had many virtues of head and heart which won the admiration of his classes. His lectures upon Hernia, the then bugbear of students, were so clear and so instructive that we in a measure lost the dread of doing the operation, which, as a rule, is dreaded by almost every young surgeon! As for myself, I felt so assured of my ability to perform the operation after I had profited by his teaching, that I remember the first operation I was called upon to make; I approached it with the same confidence that I would a simple amputation—a confidence born of the clear exposition of the subject which I had received from the hands of Gibson. The same was true of his lectures upon Stone, an operation in which at that time he was noted as being one of the most dexterous and successful of American surgeons.

Following in the steps of Physick, he recommended and used the Physick's gorget, modified by himself. In those days, when Dudley was in the zenith of his glory as the great lithotomist of America, the gorget was the instrument used, and it is astounding the success which followed its use, for of all instruments it is the most dangerous and unsurgeonlike of any other mode of opening the vesical neck.

I have spoken of the manner in which Dr. Gibson illustrated his course, the wealth of models, drawings, paintings and apparatus which he spread before the student as aids to his lectures. His collection of diseases of bone was probably the most extensive of any other, private or public, which has been gathered together in this country, and had cost him large sums of money. together with much time and trouble in its arrangement. If I remember rightly, he told me he had expended over \$20,000 in its purchase. After his death the major portion went to his son, Charles Bell Gibson, and at his death was purchased by the government at a price vastly below its real value and placed in the Army Medical Museum at Washington. It was a great oversight by the trustees of the University in permitting this valuable osteological cabinet to pass into other hands, because it would have proved a most valuable addenda to the already great Wistar and Horner Museum, and the University was amply endowed with money with which the purchase could well have been made. There was the proper repository for so valuable a collection, and it would have served a purpose for which it had been collected, viz: the illustration of surgical lectures in the University!

A favorite subject with Dr. Gibson was the treatment of fractures and dislocations. He exhausted the subject, and spent weeks in explaining every single fracture and every variety of splint and apparatus, seemingly, which had ever been devised or used! He made a practical illustration of the application of splints, bandages and apparatus upon the manikin and the living subject. Those were dry and weary lectures. and the class became tired and worn from the continued repetition of minor details, and seemed to lose interest. The doctor, observing this, remarked:

"Gentlemen, I am anxious to teach you the proper manner of treating fractures, because very few of you will become surgeons, and not one in ten of you will ever be called upon to make a capital operation, whilst all of you, in the course of your practice as physicians, will constantly be called upon to treat a fracture of one bone or another! If you make good

cures it will redound to your credit, but a crooked leg or a badly set arm will do you incalculable injury, and not improbably end in a suit for damages. Hence I have consumed so much of your time with this subject."

These were wise words from a wise man, and medical students of today should profit by them. At the next lecture when the class assembled the dry and broken bones, together with the splints and bandages, had all been removed from the table, and in their place the tables were covered with beautiful wax preparations, jars filled with wet preparations, paintings hung around, and everything betokened a different subject—something refreshing to the eye and ear.

When the bell sounded the hour for the professor to enter, in he came with two long splints thrown over his shoulder, and, as was his custom, twirling his spectacles in his right hand. He marched deliberately around the circle of the arena, repeating as he went, a parody from Othello: "I have another, and a better never did itself sustain upon a broken thigh"—here, gentlemen, I will show you Gibson's modification of Hagedon's apparatus for fracture of the thigh." He then consumed the entire hour in describing and applying the splint to the manikin. The result was that he convinced the class, and myself, with the others, that Gibson's modification of Hagedon's splint was the only proper splint to use, and that if properly applied the cure would be perfect and no danger of our ever being sued in a court of law for mal-practice and a short or crooked leg!

It so happened that soon after I settled and opened an office, seeking practice, that an old physician of the city called and asked me to go with him and take charge of a thigh, fractured in its middle third! He did not wish to be troubled with the case, and desired to throw something in the hands of an aspiring young surgeon! It was a God-send, as I, in common with most young doctors, had more idle hours than broken bones! Now was my chance, and I forthwith sought the aid of a cabinet maker and instructed him how to make for me Gibson's modification of Hagedon's splint! So soon as I received it, I went to the house, and, following the instructions of Gibson,

I soon adjusted the apparatus to the legs of my patient, and, perfectly satisfied, returned to my office, to await another call, for I was certain that as the ice had been broken, other cases would follow in rapid succession, and I would ere long be in a full surgical practice!

Judge of my surprise when the old doctor called at my office and requested me to go with him to see the patient, telling me that I had created a rumpus in that household, and the sooner the case was rectified the better it would be for all interested: I at once accompanied him to the house, and was met at the door by the mother of the man, who accosted us as follows: "This young doctor has fixed Charlie for the bone yard, and all that is necessary now, is to put a kiver on the box and tote him out to the grave yard!" As is well known, the Hagedon apparatus consists of two wide splints extending from each axilla to beyond the feet, and a foot board connecting them, to which the feet are attached by gaiters, and hip bands put around the pelvis to keep the splints adjusted. The apparatus keeps both legs together and the body straight, so that there is little or no chance for any derangement of the fragments or shortening of the broken thigh! I tried to explain to the people the object of the dressing and the almost certain success of the same—but they were obdurate, and nothing would satisfy them but the removal of the splints, and substitution of a double inclined plane, an apparatus totally unsuited for fractures of the middle third of the thigh! I insisted against such a splint, but there had been a consultation of the old women of the neighborhood, and nothing but the inclined plane must or should be used. At the end of my rope, I had either to abandon the case, or use the splint which they dictated must be applied! I protested, but at length yielded and put on the plane, as they all asserted, that Dr. So and So always used! In due time the bone united, and although I had watched the case daily, and done all in my power to make a satisfactory cure, the man got up with a leg an inch short, and as crooked as a dog's hind leg! I expected a damage suit, but as good luck had it, I escaped! But that case was an eye-sore to me

for years afterwards, and it seemed that I never turned a corner of a street but that I was certain to meet Charlie's crooked leg obstructing my way! Many years after, he was gathered to his fathers, and I was relieved of his presence! That was my first and only experience with Gibson's modification of Hagedon's splint, and it will be my last! The old splint is placed with my collection of old relics, and whenever I see it I have a painful recollection of my first experience with a fractured thigh!

Gibson used as his text books, his two volume work on Surgery—a very good book in those days, but very far from a scientific exposition of the art of Surgery! His examinations were mainly from his lectures, and if my examination for my degree was a sample of that of others, it was certainly not a test of the acquirements of the student! When I called at his room by appointment for examination, he began by saying: "Take amputations, describe the several methods and tell me all you know about them; you do the talking and I will listen!" So I rapidly ran through with the various operations, described the instruments required and the several methods in as brief words as I was master of, and then waited his pleasure! He then said: "Now, sir, I will ask you only one question, and the correctness of your answer will decide the vote I will make! Given two cases, a man with a compound suppurating fracture of the leg, run down with hectic, what would you do?" I replied, "Amputate!" "Now, take a robust, healthy sailor, whose leg had been carried away by a cannon ball, what would you do?" I answered, "Amputate!" "Now, sir, your prognosis, which of the two stands the best chance to recover?" I had only the one answer to make, and that was, "The man with the compound suppurating fracture, and for the obvious reason that I would remove a disease, whilst in the case of the sailor I would compound the shock, and he would most likely die!" He said my answer was correct, and that he would certainly vote for me!

When I left the University and went to Europe, he gave me a number of most valuable letters of introduction to distin-

guished Surgeons in Paris, London and Edinburg, which letters were of very great assistance to me in the pursuit of my studies, as well as in social intercourse! After my return to America I called to see him, and for years after, even after he had retired from the university and sought quiet and rest in his home at Newport, R. I., he would frequently write to me! During the autumn of the last year of his life I received the last letter he ever wrote to me! In that he informed me that he had determined to spend the winter in the South, as he was very anxious to escape the rigors of the coming winter, and had fixed upon Mobile as the most pleasant place to which he could come! I at once wrote and invited him to become my guest, as I had a room prepared for him, and would be delighted to have him with my family during the winter. He was then near eighty years of age, but in robust health, with the exception of slight rheumatic attacks during the winter! He accepted my invitation and sailed from New York by steamer to Savannah! Upon the arrival of the steamer at Savannah he was ill, and taken to the Pulaski House, where he died a few days after his arrival. It was a source of great regret to me that he could not reach Mobile, for it would have been a pleasure to me, and mine, to have ministered to his comforts in his last hours!

Dr. Gibson was one of the marked Surgeons of his time, and despite his peculiarities, his great vanity and vindictive spirit against some of his Surgical opponents, he had many qualities which endeared him to the old students of the University.

(To be continued in November issue—Other Members of the Faculty.)

CANCER UTERI.*

By R. S. HILL, M.D.,

MONTGOMERY, ALA.

Visiting Surgeon to the Montgomery Infirmary.

Mr. President and Gentlemen: I thank you for the pleasant privilege of being present on this occasion.

When I accepted your invitation it was my purpose to prepare more than a superficial report of some subject for this meeting, but the absence of my brother, Dr. L. L. Hill, from the city increased my duties to such an extent that I have been unable to do so. Hence, I must beg your indulgence while I make a short report of several cases of cancer uteri that came to my attention during last year, 1896, with a few comments, which I hope will be of interest from a clinical standpoint.

First case. Mulatto, multipara, 50 years old. Consulted me January, 1896. The body of the uterus was immovable, the cervix destroyed and the upper third of the vagina involved. Though she lost no blood, she died a few weeks after I saw her.

Second case. Through the kindness of Dr. B. R. Pearson I saw this patient in the spring of 1896. Mulatto, multipara, about 45 years old. The body of the uterus was firmly fixed and the cervix entirely involved. She lost a great deal of blood and only lived a short time.

Third case. Through the courtesy of Dr. J. J. Hunter I saw this patient last summer. She was a multipara and a genuine negress, 55 years old. The body of the uterus could not be moved, the cervix was destroyed and the vagina involved. There were no hemorrhages and death did not ensue in several months.

Fourth case. I was invited by Dr. S. J. Steiner to see this patient and the next day appointed for the consultation. During the night a blood vessel, which it is presumed had become diseased, bursted and the patient died from internal pelvic hemorrhage.

*Read before the Madison County Medical Society, Huntsville, Ala., June 16, 1897.

Fifth case. Through the kindness of Dr. S. D. Seelye I was requested to see this patient. Mulatto, about 40 years old. I don't know whether she had borne children or not. The body of the uterus was slightly movable; the cervix was entirely involved. She had hemorrhages and died within a few weeks.

Sixth case. This case was sent to me by Dr. Harper of Ozark, Ala. White, multipara, 38 years old. She had lost a great deal of blood, was extremely weak and suffering from septic poison, due to absorption from a necrotic mass, which filled the vagina, but was limited in its attachment to the cervix. I gave an unfavorable prognoses, but promised to remove the entire organ, if there was any chance of making a cure by doing so. After cutting away the growth I made an examination which showed the uterus retrodisplaced and only slightly movable. The patient growing very weak, I had her returned to bed. In a few days she began to improve, and at the expiration of three weeks was in a very favorable condition to stand a hysterectomy. I had her anaesthetized again and made an incision through the posterior cul de sac and explored the pelvis with my fingers. I found, just as I had apprehended, the neighboring parts involved, hence I abandoned the operation, stitched up my incision and in a few days sent the patient home, improved, but not cured. When last heard from she was gradually losing ground.

Seventh case. I was requested by Dr. R. F. Michel to see this patient. White, multipara, about 50 years old. Her principal complaint was a constant desire to urinate. An examination revealed a large uterus, which was pressing on the bladder. Projecting from the inner wall of the cervix was a small growth, a part of which I cut off and gave to Dr. T. C. Thorington of Montgomery for microscopical examination. The Doctor very promptly reported that it was carcinoma. The patient was taken to the infirmary, and in a few days I removed the uterus and appendages, through the vagina. She made an uninterrupted recovery and has been in perfect health since the operation, eleven months ago. In examining this specimen you will

notice that the body of the womb had become very much involved, as is evidenced by its size.

Eighth case. White, multipara, 48 years old. Consulted me last summer. I found on examination the uterus movable and a small growth projecting from the inner wall of the cervix, which I removed and submitted to Dr. Thorington for microscopical examination. His report confirming my suspicion of carcinoma, I sent the patient to the infirmary and, after a few days of preliminary preparations, removed the uterus and adnexia per vagina. She made a satisfactory recovery from the operation and did well until the disease returned in the liver. Death ensued last May. The specimen from this patient is labeled No. 2.

Ninth case. Through the kindness of Dr. B. R. Pearson I was called to see this patient. White multipara, age 35 years. She complained of leucorrhœa and hemorrhages and with pain in the lower part of her abdomen. She had been under the care of another physician, who, thinking an existing deep laceration was responsible for the trouble, stitched up the tear, after curetting. In two or three weeks she began to bleed. The flow of blood could only be checked with tampons. When she was taken to the infirmary she was so exhausted her pulse could scarcely be counted. I transfused her, using four pints of salt water, and I confidently believe this saved her life. I kept the vagina firmly packed for two weeks, when she was anaesthetized and the uterus scraped out. She began to improve and in a few weeks went home, where her improvement continued two or three weeks longer, but at the expiration of this period she commenced to loose ground. Becoming suspicious of carcinoma, I removed some of the inner lining of the uterus, which was examined by Dr. Thorington. My suspicion proving well founded, I had the patient returned to the infirmary and prepared for operation, which was done a day or so later. Here you see the uterus and appendages. This patient made a good recovery and is in perfect health.

I shall not undertake a discussion of the different theories advanced to account for the occurrences of carcinoma, for as yet

an acceptable direct cause has not been discovered by the scientific medical eye. Our knowledge being practically confined to those conditions which experience has taught us are predisposing factors in its production. A few of the most important of these I will mention. Cancer is twice as frequent in the female as in the male. The uterus is involved in one-third of all cases found in women. The disease is more common at the menopause and in the multipara. According to Osker Muller only 5.3-10 per cent of cancer uteri occur in those who have not borne children. The cervix is the primary seat of uterine carcinoma in 95 per cent of the cases. One of the reasons for the frequency of its occurrence in this locality is the irritation to which it is subjected by lacerations. I believe the writings of most authors, relative to the frequency of this disease in the white woman as compared to the negress, are misleading. While I am not prepared to take a positive stand on this question, I am ready to believe the negress is more frequently the victim of cancer than is generally supposed. The careless way in which the profession is in the habit of examining negroes accounts for the disease being frequently overlooked, and the poverty which prevails with that race causes many a woman to die without ever seeing a physician. Of the nine cases seen by me last year, there were five negroes, and not one of them had consulted a physician until the disease had about run its course, when the question of an operation was not to be considered. Whereas, of the four whites three hysterectomies were performed and a palliative operation done on the fourth. Now, it is true that four of the negroes were mulattoes and it may be claimed that the "white blood" in them destroyed the partial immunity credited to the race. In this connection I will quote the statistics given by the late Dr. Michel of Charleston, S. C. During fourteen years in Charleston there were 101 deaths recorded from cancer uteri, 53 blacks and 48 whites. Considering the population it was found that there were "among the whites 15.7 and among the blacks 13.7 cases to every 1000 of the population, a very slight difference."

The glands of the pelvis are involved in one-fifth of all cases

of cancer uteri, as has been shown in 203 post mortem examinations. The iliac glands are the principal ones to receive the poison when the cervix is the seat of the disease and the lumbar when the body is involved. According to Blau 9 per cent of the recurrences in the distant organs are in the liver, 7 per cent in the lungs and $3\frac{1}{2}$ per cent in the kidneys. After operation metastasis is said to be extremely rare.

Under the head of diagnosis, I simply wish to emphasize the frequency of the disease at the menopause, and to admonish the profession to be constantly on the alert for its occurrence. No one appreciates the importance of an early diagnosis as much as the specialist who is constantly meeting with cases in which the disease has invaded regions where the surgeon's knife dare not enter. While I am not unmindful of the difficulties which attend the making of a diagnosis in many cases, I believe there are few, indeed, in which a satisfactory determination cannot be reached by the use of the microscope. The frequency, estimated from 75 to 90 per cent, with which the surgeon finds himself powerless to render aid, because of delayed diagnoses, is certainly to be deplored. Now, I am not disposed to lay the blame entirely at the door of the medical profession. I do not, however, believe it can be successfully maintained that we are fully free from censure. In my opinion, if we will recognize and impress upon our patients that the menopause, at which time the disease is most common, is not normally attended with so many ills, and that a thorough examination is important whenever there is evidence of derangement of the organ in question; early diagnoses will be more frequent, and the life of many a woman not only prolonged, but unburdened of a most horrible disease.

The treatment of the inoperable cases is almost limited to making the patient as comfortable as possible until death, not unwelcomed to these poor creatures, claims its victim. In cases of early recognition of the disease total excision of the uterus and appendages is the only operation that holds out any hope for a cure. With the majority of surgeons vaginal hysterectomy is preferable to the supra pubic. There are, however, some emi-

nent men who claim that the diseased tissue can be better removed by the latter operation. As for myself, I am persuaded that I can remove as much tissue by the lower as by the upper route, and I cannot believe the vaginal operation is attended with the same degree of danger to life as the supra pubic. When the uterus is much enlarged, or the vagina unusually small, the sub pubic approach is not to be chosen. In doing a vaginal hysterectomy, I do not think, ordinarily, it makes any difference whether clamps or ligatures are used to control hemorrhage. With clamps the operation can be more quickly performed, but there is less certainty about controlling the bleeding, and if the general condition of the patient does not demand a quick operation, I think it safer to tie the broad ligaments with silk. I have never gotten my consent to use catgut for the purpose of controlling hemorrhage in this operation. The only objection that can be raised against the use of silk is the trouble experienced in removing it, and this difficulty is said to be overcome by the use of the Grad knot, which has recently been given to the profession by Herman Grad, of New York.

For the beginner I believe it is a good plan not to open the peritoneal cavity unless he wishes to more thoroughly investigate the extent of the disease, until he has tied and cut as much of the broad ligament as is possible without going through the peritoneum. The adoption of this plan will make it impossible for hemorrhage to escape notice, as the blood cannot run in the abdominal cavity. The raw surfaces on each side should be brought down, the peritoneal cavity closed with stitches, and gauze packed in the space between the pedicles of the broad ligaments.

Leopold's statistics give 164 operations; ten deaths due directly or indirectly to the operation, and fifty to recurrence of the disease, while eleven died of other causes. Of the fifty who died after recurrences the average duration of life was 19 months. Of the ninety known to be still living, seventy-four remained free from recurrence. The following statistics recorded by McNaughton Jones shows the average duration of life after the operation:

Longer than 2 years there lived, of 104 operated on, 58.

Longer than 3 years there lived, of 84 operated on, 45.

Longer than 4 years there lived, of 61 operated on, 38.

Longer than 5 years there lived, of 47 operated on, 29.

Longer than 6 years there lived, of 33 operated on, 22.

Longer than 7 years there lived, of 21 operated on, 16.

Longer than 8 years there lived, of 8 operated on, 6.

Without the operation death ensues after a miserable existence of one or two years.

MALARIAL HÆMATURIA.

BY R. C. BANKSTON, M. D.,

BIRMINGHAM, ALA.

Read before the Jefferson County Medical Society on Sept. 18, 1897. '

It is not my intention in this paper to give you a scientific dissertation on malarial hæmaturia, nor to discuss the disease in an exhaustive nor theoretical manner, but will try to put it before you logically, in its practical relation to diagnosis and treatment. Without going very much into the history of the disease, we would class it as an hepatic-renal affection, of malarial origin, and dependent upon a special poison in the blood, which causes such structural and corpuscular changes in the globular constituents of the blood as to produce the condition known as malarial hæmaturia. A great deal has been said and written upon this subject by those who have come in contact with, and who have studied it closely; yet it is astonishing to see it passed over so vaguely by our standard authorities.

Living and laboring as I did in the Yazoo, Miss., delta, where the disease is prevalent usually during the late summer and autumn months, I had ample opportunity to study its characteristics, and soon concluded that it was the most to be dreaded of all forms of disease prevalent in that section of country, and commonly alluded to as swamp fever. Its strongly marked physiognomy and striking resemblance to the malarious bilious diseases, endemic in those districts, and its general amenity to the same therapeutic agents, satisfy us as to its kinship and relation to that class of diseases, prevalent in that section of

country, and dependent upon a malarial toxemia for their common origin.

Of the various forms of malarial poison, that of malignant congestive hematuric remittent fever is the most virile and fatal. It is unquestionably a germ disease, produced by a specific vital principle, which I do not believe has yet been isolated from the plasmodium malariae. While it is not communicable in an infectious or contagious sense, yet those who live in communities where the plasmodium is bred are liable to be attacked, provided that environment is favorable, and the condition of the blood is such as to warrant the inception and propagation of the poison. Such conditions being present, in due process of time after exposure the disease manifests itself in some of its various forms, either as a definite or a mixed type.

Having had a large and varied experience with the disease for several years, my knowledge of its pathology is such as to warrant me in concurring with the views of our best writers, that the different organs, liver, spleen, kidneys, heart, digestive tract and the mesenteries all undergo either functional or structural changes. The blood becomes very markedly changed in character during an exposure. The white corpuscles, becoming notably increased in number, and the red cells break down and lose their peculiar vitalizing or oxygenating power.

It is not my purpose in this paper to discuss the simple forms of the disease, nor the more serious congestive fevers. But will confine myself to the previously mentioned form, known in the Mississippi Valley as malarial hæmaturia, and in that part of the State of Texas constituted in the Red river valley, as black jaundice; its local nomenclature being due to the fact that in severe cases the broken down red blood cells are thrown out in the tissues underneath the skin, giving the appearance of dark bronze, with an intensely jaundiced eye. I believe the disease is somewhat prevalent in the southern portions of Alabama in the bottom lands along the rivers.

The onset of the disease is ushered in with a chill, followed by high temperature; pain in the back and head, distressing nausea, vomiting and thirst, a great and frequent desire to urinate—

the color of the urine passed stamping the character of the disease. The color of the urine is dark, grumous and blood-like. Usually the red blood corpuscles are broken down in the circulating vessels, and discharged through the urinary tract as a bluish black fluid; or, to express it more commonly, a smoky-looking fluid. While that is the characteristic appearance of the urinary discharges in the graver form of the disease, in the mild form the discharge has the appearance of venous blood, warranting the conclusion that the disintegration of the red blood cells in the circulatory apparatus is in direct proportion to the gravity of the attack. Our diagnosis usually is made up from the symptoms at the onset, and the history elicited. The patient has had chills and fever for some weeks; has had the routine treatment for that condition; the face and general appearance puffy and anæmic, or jaundiced. At the usual time for the recurrence of chill and temperature, and usually during the chilly stage, he passes a variable amount of the characteristic urine of the disease, which an analysis would show to be largely broken down corpuscles. It is practically a state of physiological dissolution; as the blood to all intents and purposes, has gone to pieces. Where the quantity passed its profuse and smoky-black in appearance, I should consider it a condition of grave significance, and the patient in immediate danger of collapse. If you please remember that the red blood cells are split up, physiologically decomposed, so altered in character as to be nearly incapable of functioning, or their vitalizing power so greatly impaired as to render them nearly incapable of oxidizing tissue, consequently treatment, however intelligently applied along approved lines, may do no good, nor seemingly have any effect whatever in arresting the tendency to a fatal termination. As metabolism and changes necessary to continuity are suspended, death usually occurs during that or the succeeding paroxysm. When the amount of hemorrhage is comparatively small in amount, and has a blood-like appearance, treatment will do a great deal to arrest the progress of the disease. In such cases pay little or no attention to hemorrhage; keep up the eliminative functions of the kidneys and urinary bladder, and let

your efforts bear directly and heroically upon the prevention of another paroxysm and the arrest of the destruction of the red blood cells. But where the hemorrhage is profuse and exhausting, give gallic acid and digitalis to check it, and support the heart; keep the emunctories aroused, and the bowels freely moving with magnesia sulphate and spirits of turpentine—say three drachm doses of a saturated solution of magnes sulph., and ten drops spts. terebinthinæ every three hours. Lessen or increase either as changes in condition may demand; continue the spirits of turpentine to keep up the elimination of urea, prevent delirium, sustain the action of the heart, stimulate glandular function and the vaso motor centers. It also acts directly as an antiseptic and anti-hemorrhagic.

As stated, I would give the above doses every three hours until the alimentary canal was cleared thoroughly. I would then continue to give the turpentine alone as long as the condition demanding its use was present. I would also use calomel in small continued doses every two hours until the characteristic stools were present, thereby relieving hepatic engorgement and stimulating the functioning power of that organ and other glands. The distressing and depressing nausea, and the condition of the kidneys, contra-indicate the extensive use of that "sheet anchor" in malaria—quinine; though the guarded use of it will be found very beneficial after the acute stage and the re-establishment of kidney function. It can be used by inunction, hypodermically or by enema. I have used it occasionally by first making a cantharidal blister, and then sprinkling the surface with quinine, though hypodermically is my preference. First make a solution by suspending the quantity of quinine you desire to use in half drachm of water, and drop on it hydrobromic acid, a drop at a time, until a clear solution results, and use during the stage of defervescence in quantities approximating five grain doses every three or four hours. Salol is my preference for controlling temperature; does not depress like the coal tar derivatives, is antiseptic and antiperiodic also. I have used sodium sulpho carbolate with signal advantage, given in doses sufficiently large to get its antiseptic antizymotic effect, and as

an eliminant it is very useful. Small quantities of finely crushed ice, with champagne, is grateful. Ingluvin and salicylate of bismuth, with mustard plasters to epigastrium, will usually control or modify nausea. After the acute stage has passed and convalescence established; arsenic-strychnia and iron are of unquestioned utility. With a generous, assimilable diet, and some one of the digestive ferments, a restoration to health ought to be rapid.

I would like, in conclusion, to report a case that occurred in my practice in November, 1895. I select it because it was a very serious and typical case. Woman, white; wife of a plantation manager. (Here let me digress a little. I never saw nor heard of a case of malarial hæmaturia in a negro, nor a mulatto, and only one case in a quadroon girl, whom I treated in 1889. Comparing this disease to yellow fever, it is a noted fact that few blacks have either disease; at least not in this country.)

The case alluded to was remittent in form; temperature high. hæmaturia profuse, color bronzed, conjunctivæ intensely jaundiced. As to treatment, I gave at once ten grains gallic acid, applied mustard to epigastrium, began in half hour with magnesia sulph. $\frac{1}{2}$ 5, spts. turpentine ten drops, one dose, kept up every six hours for first three days to control hemorrhage, eliminate urea, stimulate vaso-motor centres and keep bowels moving. Kept up mustard freely to epigastrium and to extremities and spine to stimulate capillarity during rigor and depression; used in combination $\mathcal{R}$ bromide potas., chloral hydr., tr. digitalis, spts. nitre dulc, aa 3 ii, water sufficient to make 4 ounces, two teaspoonfuls every three hours; controlled restlessness and temperature, promoted diuresis and diaphoresis, and modified nausea; gave phenacetine and citrate caffeine for high temperature, nausea and to modify hemorrhage during first five days; gave sulph. carbolate sodium every three hours; antiseptic antizymotic. Gave trinitrin in 1-100 gr. doses during chilly or depressed stage.

Morphia and atropia are contraindicated, as the condition is one of arrested secretion and greatly disturbed function.

When temperature was low I used creasote-carbonate and

cherry laurel water, for the constant and distressing nausea; also twice during the attack used calomel and sodia bicarb. in small doses, to stir up hepatic function and the glands generally.

This outline of treatment covers a period of about ten days. Was alternated and rotated according to symptomatic conditions and as changes indicated. The case recovered.

Temperature in this fever does not decline with occurrence of hemorrhage, as is usual in typhoid, but runs the characteristic remittent course, with one or two periods of defervescence in twenty-four hours. In the algid form of this disease, the skin may be shriveled, and the general surface clammy and cold, and still your thermometer in mouth or rectum will show a temperature of 105 degrees or more. The period of hemorrhage (hæmaturia) varies with the intensity of the attack, from a few hours to several days, with relief, or total suppression of urinary function and death. Like all other diseases of which we have knowledge, it is marked by different degrees or shades of intensity, some cases being comparatively mild and very amenable to treatment, of intermittent form and very slight hemorrhage; others being intensely virulent, pernicious and fatal in character. The red blood cells are more rapidly and uniformly destroyed in malarial toxæmia than in any other disease, with the possible exception of pyæmia.

The case alluded to was seriously ill five days, and had a declining temperature for six days more. I discontinued my visits on the fourteenth day.

The serious type of malarial poison can be divided into five forms—comatose, congestive, delirious, gastro-enteric, or algid, and hæmaturic, and these forms can develop as a mixed type and occur at the same time in your patient.

The comatose form can last for some hours and pass off without harm—seems to be a functional pause, or paralysis of vaso motor centers of brain. In the gastro-enteric form the blood collects in the centers and must be diffused again very promptly, or you may have a collapse on your hands.

Spts. chloroform in 15 doses, hypodermics of strychnia ni-

trate, apply external heat, friction mustard, the diffusible stimulants, etc., will all be applicable, and may bring your patient around.

The congestive form is seen so commonly that any mention of it here is needless.

One attack affords no protection or immunity against another. Finally, the wide prevalence of malarial poison here in the South renders it by far the most serious and important condition with which we have to contend, consequently a careful study of its characteristics and familiarity with its types and modifications, a recognition of its complications are all very essential to the successful diagnosis and treatment of the disease.



COMMUNICATION FROM DR. L. L. HILL,

President Medical Association of the State of Alabama.

Editor of the Alabama Medical and Surgical Age:

The following editorial appeared recently in the New Orleans Medical and Surgical Journal:

"SMALLPOX IN ALABAMA.

"During the past month smallpox broke out in Montgomery and Birmingham, Ala. It was necessary to call in government assistance to determine the character of the disease, notwithstanding the fact that the cases were fairly numerous. The occasion has been given some newspaper notoriety, but the disease has been effectively kept in check until the character was definitely determined.

"We congratulate the local authorities on the outcome, but cannot repress the commentary upon the ignorance of a disease like small pox. It is a sad reflection upon the intelligence of any urban profession that the diagnosis of smallpox cannot be made among a number of cases. It is the old story of lack of

qualification in medical graduates, and the failure on their own part to realize their own obligation in the essentials of a medical education.

"Every state board of health should have an adjunct commission of experts, capable of knowing the contagious diseases, especially those having objective evidence like small pox."

I answered it, but the editor regretted that the space of the Journal would not permit of his publishing my communication in full, but said he would withdraw his commentary. It occurs to me that since the unjust criticism has been made, the profession at large should know the facts, and I therefore ask that you be kind enough to publish my rejoinder:

AUDI ALTERAM PARTEM.

Mr. Editor: Your editorial in the September number of the New Orleans Medical and Surgical Journal, headed "Smallpox in Alabama," is so at variance with the facts that I am forced to the conclusion that you unwittingly relied upon the secular press for your information instead of seeking it from an authoritative source.

You admitted that you had read newspaper discussions of the question, and where else could you have received the erroneous impression that "it was necessary to call in government assistance to determine the character of the disease, notwithstanding the fact that the cases were fairly numerous?"

Certainly Dr. Carrington, the marine surgeon referred to, did not so inform you, nor did Dr. Sholl, the chairman of the committee of public health of Birmingham, nor did the mayor of Birmingham. In a letter to me on September 6, Dr. Sholl, an honored ex-president of the Alabama Medical Association, and a member of the State Board of Health, said: "Now, as to Dr. Carrington, the marine surgeon who visited this city August 13, 1897. He distinctly stated that he did not come in reply to any request from the city of Birmingham—on his regular rounds having been advised that smallpox was prevailing here, under the rule of the marine service to inspect any epidemic of yellow fever, cholera or smallpox prevailing. He did not, of course, come at the request of any of the doctors, as his first statement will attest, that he came in the round of his duty. He repeat-

edly disavowed, during his short stay here, that he had been called here." In a communication from the mayor of Birmingham to the mayor of Montgomery, the former distinctly says: "Dr. Carrington came here by no invitation from me." The record of the board of health of Birmingham shows that on Friday morning, July 16, Dr. Sholl saw one Ivey with an eruptive disease which he considered suspicious, and telegraphed Dr. Sanders, the State Health Officer, who came the following day from Mobile. The same day that Ivey's case was discovered others were reported by Drs. Henley, Robertson and Wilder. By Sunday, July 18, the cases had developed sufficiently to make the diagnosis clear. On Monday, July 19, the following communication was sent to the city authorities:

"To the Honorable Board of Mayor and Aldermen, Birmingham, Ala: Since Friday last there have been reported to the committee of health by four different physicians cases which, on investigation by the State Health Officer and other physicians, have been pronounced as smallpox."

Vaccination was immediately commenced and a pest house and a house of detention were established at once. A few days later, July 26, 1897, the Jefferson County Medical Society met and unanimously adopted the following resolution:

"Resolved, That the Jefferson County Medical Society, as a county board of health, proclaims that the disease eruptive in character now prevailing is smallpox."

The marine surgeon came to Birmingham on August 13, 1897, twenty-five days after the disease had been publicly proclaimed smallpox, and we learn from Dr. Sholl that he endorsed "as wise the active measures of vaccination, isolation and disinfection that were then, as still now, being used."

With reference to Montgomery, the other city where you could not "repress the commentary upon the ignorance of a disease like smallpox," and said further, "It is a sad reflection upon the intelligence of any urban profession that the diagnosis of smallpox cannot be made among a number of cases. It is the old story of lack of qualification in medical graduates, and the failure on their own part to realize their own obligation in the essentials of a medical education," I will insert a letter from Dr.

Seelye, one of the most trustworthy physicians in Alabama, and president of the Board of Health of Montgomery county:

Montgomery, Ala., Sept. 7, 1897.

D. L. Hill, City—

Dear Doctor: In replying to your communication I will state that the pest house was established in this city on July 28, 1897, and the whole machinery of public vaccination, house to house inspection and house of detention were immediately put in operation. It was the unanimous opinion of the Board of Health that the prevailing eruptive disease was small pox, and with this in view the most vigorous measures were put in force for stamping it out. No marine surgeon came to Montgomery at all, but on August 13, when Dr. Carrington was said to have been in Birmingham, there had been about 15,500 people vaccinated in this city, and the disease was thoroughly under control.

Very truly yours,

S. D. Seelye, M. D.,
President Board of Health.

I feel sure as a fair-minded man and, as an editor of one of our leading Southern journals, with these facts before you, you will gladly correct the false impression which your condemnatory article on the profession of Montgomery and Birmingham has created.

In closing your editorial you said: "Every State Board of Health should have an adjunct commission of experts capable of knowing contagious diseases, especially those having objective evidences like smallpox." If this refers to a board that went from New Orleans to Ocean Springs some days since, I have nothing to say, but I must deny the necessity of such a commission in Alabama. What we do want is that editors of medical journals will properly inform themselves—not rely upon the evidence of some irresponsible person or inaccurate newspaper reporter to condemn the "urban profession" of a State whose laws were publicly pronounced at the last meeting of the American Medical Association by Prof. Hamilton "the best model for medical legislation in other States."

Very respectfully,

L. L. Hill, M. D.

Montgomery, Ala., Sept. 9, 1897.

Department of Eye, Ear, Nose and Throat.

BY RUFFIN A. WRIGHT, M. D.,

Recent First Assistant Physician Alabama Insane Hospital, Adjunct Professor of Eye, Ear, Nose and Throat in Alabama Medical College.

Case 1. Neuro-retinitis, "Choked Disc," occurring in a case of nerve syphilis with insanity: White woman N—, aged 30, admitted to hospital June 11, 1892.

Married at 28, since which she acquired syphilis from husband.

For some weeks before admission suffered from violent headaches, projectile vomiting and some paresis of muscles of articulation, diagnosed by attending physician as "meningitis."

Nervous Symptoms—Exhibits mental confusion, is cheerful, quiet and talkative; thinks every one in the hospital is some former acquaintance.

Tongue protrudes straight, shows a fibrillary tremor; speech monotonous. Pupils unequal, the right smaller, both insensible to light, but react to accommodation. Copper colored patches between mamme and back of neck. Fauces are red and inflamed; two small ulcers sitting on base of right anterior pillar.

U. X. Trace of albumen, and a few hyaline and finely granular casts found in urine.

Ophthalmoscope showed neuro-retinitis, with "choked disc," most pronounced in right eye, the vision of which is more markedly impaired.

Prescribed potassium iodide and strychnine.

June 28, 1892. In addition to the swollen papillæ, opaque retina and engorgement of the venous trunks, the ophthalmoscope shows in right eye one, in left eye three small, dark red, hemorrhagic patches at the outer edge of each disc.

August 3, 1892. Recovered mentally. No marked change in back ground of eye, vision unimproved.

February, 1893. Patient returned to the hospital. Mental state—Is fretful, with mental confusion and parietic symptoms, especially of the lower limbs.

Vision—Only light sensation remains. Pupils are moderately

dilated, equal, react to accommodation, but not to light. Ophthalmoscope shows atrophy of both optic papillæ.

Mental and physical improvement again occurred under specific treatment.

September 1, 1897. This patient was repeatedly permitted to return home much improved mentally, but promptly relapsed each time, and now remains a patient in the hospital. Physically is hearty, very stout and fleshy, no syphilitic lesions apparent. Mentally is in a state of quiet, cheerful dementia of mild degree.

She has merely a perception of light, can distinguish the outlines of a dark object situated between her and a well lighted window. The ophthalmoscope shows atrophy of both optic discs. Description of one suffices for both.

Disc small, bluish white in color, edges well defined, lamina cribrosa shines through, but indistinctly; blood vessels are atrophied. No fibrous bands exist along the blood vessel to evidence a former perivasculitis. The color of the retina is normal. No trace of the small hemorrhagic spots remain.

Were this patient to be seen now for the first time by the ophthalmologist, it would be extremely difficult to decide whether the changes existing in the fundus were due to simple atrophy, or to atrophy following a papillo neutritis, though the latter, from previous observation, is known to be correct.

Case No. 2. Retinal hemorrhages in both, with a mild papillo neutritis of left eye in case of cerebral syphilis. White man, McG—, aged 38, admitted to the hospital April 8, 1897. Acquired syphilis in 1890. Was treated for a few weeks with "mercury," then for four months with "succus alterans."

Nine months ago became partially paralyzed on left side of body. Six months ago had convulsions, and ran down much in health. At this time vision was impaired, most markedly in right eye.

On admission was dull and confused mentally, filthy and careless in personal habits, depressed, with mild delusions of persecution. At times restless and destructive to clothing.

Physical Examination—Papular dark red eruption over body;

scar on penis. Partial paralysis of left side; walks with a limp.

Tongue protrudes toward the left side; no grip in left hand. Left patella reflex is exaggerated, right normal. Pupils react poorly to light, but well to accommodation.

Urine contains albumen and a few hyaline and granular casts, but no indican nor sugar. Mixed treatment was given, with rapid mental and physical improvement.

July 1, 1897. Strong and hearty, intellect a little sluggish, but is clear and rational, parietic symptoms have disappeared. Eyes examined for first time.

R. E. $v=5-15+O$. 5D. S. $v=5-15$ } made worse by addition of
L. E. $v=5-9+1$. 25D. S. $x=5-9$ } Cyl. lenses.

With above combination J 3, pp. 22, 5 C. m Ophthalmoscopically, dark and light red hemorrhagic patches are seen on both retinae. They are more extensive in the right eye, in which the hemorrhages lie along the course of the blood vessels near the disc, and one small hemorrhage covers the outer side of the disc, rendering its outlines vague and indistinct. The right disc appears to be slightly swollen, the veins enlarged, and a little tortuous. In the left eye the hemorrhagic patches lie along the course of the blood vessels from one-half to a whole papillary diameter from the edge of the disc. The disc appears normal, edges clearly defined. Both maculae are normal, appearing as small unpigmented light red spots.

At this time urine exhibits a trace of albumen and a few scattering hyaline casts.

September 1, '97. The patient remains in a good state of health, both mental and physical. For the past two months has taken mercury, with increasing doses of potassium iodide, now amounting to three drachms daily.

R. E. $v=5-13+O$. 5D. S. $v=5-13$. } made worse by cylinders.
L. E. $v=5-9+1$. 25 D. S. $v=5-5??$ }

No scotoma present, either for white or colors. Color blindness for green is noted. Several of the smaller hemorrhagic patches are completely absorbed, one or two of the larger remain, all of a lighter color, and all but one diminished in size.

Reviews and Notices.

SCOPOLAMINE HYDROBROMATE AS A CYCLOPLEGIC.

T. E. Murrell, in *Archives of Ophthalmology* for July, '97, (p. 335), gives a report of its use in 207 refractive cases.

He summarizes as follows:

1. "Scopolamine hydrobromate is the most positive and prompt cycloplegic we have.
2. "It should not be used in a stronger solution than the one-tenth of 1 per cent.
3. "Two instillations at most are all-sufficient for the most thorough suspension of the accommodation.
4. "It is free, in this strength, from the danger of increased tension, and causes no redness of the conjunctiva nor engorgement of the choroid, and no unpleasant symptoms other than those of its physiological action (on the pupils and ciliary body.)
5. "It is convenient to use, reliable in its results, safe, keeps well, and possesses fewer objections than any other known cycloplegic."

The author's painstaking care in presenting the merits of this comparatively new cycloplegic; the fact that two instillations of a one-tenth of 1 per cent solution, fifteen minutes apart, will completely paralyze accommodation in one hour; that its action "begins to decline in twenty-four, and totally disappears in seventy-two hours," allowing its use in even an actively engaged business man, and the timely cautions as to its violent delirifacient effects if the solution is too strong or too frequently repeated, cannot be too highly commended. The pulling down of the lower lid to prevent the passing of the fluid into the lachrymal duct, thus limiting systemic absorption, might well have been added.

Robert L. Randolph, *Archives of Ophthalmology* for July (p. 379), presents forcibly the modern views on the futility of attempting to render the conjunctival sac sterile by either mechanical or antiseptic irrigation.

By bacteriological research he proves that irrigation, either

by sterile salt solution or corrosive sublimate solution 1-5000, does not render the conjunctival sac sterile.

He believes that such attempts should be abandoned, as they do not accomplish their purpose, and are possibly harmful.

This view is supported by many other bacteriologists. Best of all, its truth is daily demonstrated.

In the first Eye Clinic of the General Hospital of Vienna, Prof. Dr. Schnabel, irrigation of the conjunctival sac was sometime since abandoned.

Knives and other delicate instruments are not boiled, but are first carefully cleansed, and then for final sterilization are dipped in a solution of absolute alcohol. This evaporates rapidly, giving for operations a clean, dry, sterile instrument, with cutting edges unimpaired.

Wound infection is of as rare occurrence as in those clinics where irrigation is constantly practiced, and the instruments boiled.

Wound healing is probably more satisfactory, certainly more so than when irritating antiseptic fluids are used in the conjunctival sac.

Such accurate bacteriological researches add another step to the process of evolution in practical antisepsis, which has made such rapid progress since the days of the Lister spray.

Department of Mental and Nervous Diseases and Electrotherapeutics.

IN CHARGE OF

E. D. BONDURANT, M.D.,

MOBILE, ALA.

Professor of Nervous and Mental Diseases in the Medical College of
Alabama.

Multiple Neuritis.

The following case is typical of the severe form of multiple neuritis, which occurs endemically, and is by some believed to be infectious—the form which is now generally known under its Asiatic name, “beriberi.”

634 *The Alabama Medical and Surgical Age.*

A white man, 38 years old, in good health prior to onset of this attack of neuritis. The disease was of insidious development. The patient complained of vague aches and pains in his legs for about a week before any definite symptoms appeared. These pains steadily increased in severity, and soon muscular weakness and stiffness of the joints, ankles and knees appeared. Within ten days from the onset of the attack the patient became unable to walk, and about this time the legs became oedematous. The pains extended to the arms and trunk; the action of the heart grew rapid; the temperature rose above normal, and remained elevated for two weeks, reaching 102 degrees Fahrenheit. All the symptoms grew more pronounced; the muscles of the legs, and—in a lesser degree—those of the trunk and arms became tender and painful, as well as relaxed and paralytic; there was continuous and distressing pain in the legs of an aching, stinging, boring kind, with tingling and creeping sensations; all tendon reflexes were abolished, and eventually the superficial reflexes also vanished. Moderate anæsthesia was present in legs; temperature sense unimpaired; some delay in transmission of painful impressions, but no analgesia. The heart action also grew more rapid as the neuritic symptoms advanced; the pulse became soft and compressible; carotids pulsated violently; a blowing, loud, septolic heart murmur appeared, audible over entire front of chest. The oedema, at first noted in ankles and legs only, gradually extended until a general anasarca was produced. Respiration was hurried, but dyspnœa was not severe. The acute stage of the disease passed away within three weeks, the oedema, heart symptoms, and most of the pain and discomfort subsiding. The weakness in muscles of arms and body slowly disappeared, but the paralysis in muscles of the legs persisted, the muscles slowly atrophied, and after four months some contracture about the knees became manifest. At this time the electrical reactions were: Muscles of legs refused to respond to faradic current of such strength as to be intensely painful; the galvanic current also, even to the strength of 25 M. A., produced no contraction; muscles of the chest and arms, in which the paralysis and apoplexy were much less severe, showed

some diminution in faradic excitability, and with galvanic currents of moderate strength the typical reaction of degeneration: ACC>KCC—AOC>KOC.

During the acute phase the blood contained none of the plasmodia of malaria; its hæmoglobin percentage was 90; red corpuscles not diminished in numbers, nor visibly diseased; white corpuscles normal in appearance and numbers. The urine, which in the beginning of the attack was slightly albuminous and contained casts, became normal after the acute stage was passed. The treatment consisted in opium to relieve pain; laxatives when bowels were constipated; quinine, and after pain and tenderness subsided, massage and passive movements of the legs with electricity. At the present time, fourteen months after the onset of the disease, the patient is in approximately as good general health as before the attack, but has never regained the use of his legs, which are small, surface cold and circulation sluggish, with very little power of movement. There is marked stiffness at the knees, and patient is entirely unable to walk. The paralysis will most likely prove permanent.

This case was one of a large number which occurred at the Insane Hospital at Tuscaloosa in the autumn of last year.

The Etiology of Beriberi.

In view of the recent appearance of this disease in Alabama, the "Contribution to the Etiology of Beriberi," by Hunter, in London Lancet, July 31, 1897, possesses some interest for the physicians of the South. It will be remembered that Pekelhar- ing and Winkler in 1893 announced the discovery of a staphylococcus which fulfilled most of the conditions now regarded as necessary to prove a certain organism the cause of disease. Hunter's article, above referred to, records observations upon and bacteriological examinations and inoculation experiments in rabbits with blood of two cases of beriberi seen in Glasgow. In the blood of these two beriberi patients were found numbers of micro-organisms—cocci, lying in pairs upon the blood cells. These cocci were successfully cultivated upon agar-agar, serum-agar and gelatin. Cover glass preparations showed the organisms to be "cocci grouped so as to form staphylococci,"

In agar plate cultures the typical colonies were light yellow or straw-colored discs, finely granular, with well defined edges and small dark center. On gelatin plates the colonies had much the same appearance, but seemed thicker and more granular. In "hanging drop" preparations the cocci were seen to be in active motion. The organisms grew rapidly in bouillon.

Six rabbits were injected with a 48-hour-old bouillon culture of the organism, all of the animals dying or being killed in a few days to several weeks, several of them exhibiting symptoms of peripheral paralysis before death. A careful microscopic study of the nerves of all six of the rabbits convinced Hunter of the existence of a parenchymatous degenerative process in every case.

The work of Hunter, although based upon two cases of beriberi only, bears evidence of such care, completeness and accuracy as to render the results of greater value than less carefully conducted observations upon a larger number could be. He found the micro-organism in the blood of two patients at every examination; the same organism was demonstrated in all cultures obtained from this blood; the injection of the cultures into rabbits was followed by peripheral paralysis; and peripheral neuritis—the characteristic lesion of beriberi—was found post mortem in every one of the six animals, and the organism was demonstrated in the blood and tissues of each and all of them. The author's conclusion is that this organism is the same as that discovered and described by Pekelharing and Winkler, and that it is the specific cause of beriberi.

It is contended by some that this staphylococcus of Pekelharing and Winkler is identical with the staphylococcus pyogenes albus, one of the "pus cocci." Further observation and experimentation will doubtless show which of these views is correct.

Diet Treatment of Headache, Epilepsy and Mental Depression.

Dr. A. Haig, discussing the "Diet Treatment of Headache, Epilepsy and Mental Depression" (*Brain*, Nos. 77 and 78, 1897), repeats his formerly expressed opinion that many headaches, epileptic seizures and attacks of mental depression are "due to the disturbing influence of high blood pressure on the circulation of

the brain," and are associated in a definite manner with the presence of an excess of uric acid in the urine; the similar and contemporaneous excess of uric acid in the blood being the direct and probably the mechanical cause of obstructed capillary circulation throughout the body, and so of high blood pressure. It follows that the rational treatment of such cases should consist in clearing the blood of uric acid, and keeping it clear. It is therefore necessary that the foods containing uric acid (or its equivalent, xanthin, or their compounds), such as meat, fish, fowls, eggs, and the alkaloid-containing vegetables, especially tea, coffee and cocoa, be eliminated from the diet, these articles being replaced by milk, cheese, leguminous and cereal foods and fruits of all kinds. Nutrition, strength and power of endurance should be quite as good on this diet as on that in common use, so soon as the difficulties of taste and habit have been adjusted. The diet recommended does good in many directions, and harm in none.

In "uric acid headache" the results have been most satisfactory. The headaches may improve at once, and, as the stores of uric acid previously in the body are eliminated, the attacks fall to one-eighth or one-tenth of their original frequency within a year or eighteen months, becoming at the same time shorter and less severe. In some instances the first effect of the change in diet is an increase in the number and severity of the attacks, and it is best in each case to caution the patient against becoming discouraged. Indiscretions in eating may at any time cause a relapse.

In mental depression it is advisable that the patient be put to bed, fed by rule by a competent nurse, increasing amount of food and adding massage and passive movements as ambition improves, until sufficient force has accumulated to allow the patient to be up and about once more. Many good results have been obtained.

With epilepsy the results have not been so favorable, although in cases where the diet treatment has been prescribed there has been improvement as to number, and especially as to decreased severity of the seizures. In epilepsy, as in headache,

there may be in the first few weeks an increase in the number and violence of the attacks.

Electricity in Chronic Rheumatism.

In the New Orleans Medical and Surgical Journal, January, '97, Dr. Curran Pope gives a conservative estimate of the value of electricity in chronic rheumatism, not advocating its indiscriminate use nor encouraging the hope of benefit in every case, but expressing the opinion that in selected cases excellent results are sometimes obtained. For the atrophy around the joint the faradic current is advised; and the galvanic current (ten to fifteen milliamperes for five to ten minutes), with the electrodes moistened with solution of bicarbonate of soda, is said to be of value for the relief of pain and local swelling. The faradic bath is at times productive of much good. The static form of electricity is also of general and local value in this condition. The best method is an application of sparks to the local manifestations of the disease, together with sparks drawn from the region of the liver and the left iliac fossa, and from over the epigastrium "influencing by these means the local results of the disease and establishing more perfect nutritive, absorptive and eliminative conditions." The active use of the sparks is best followed by either the head breeze or insulation, in order to obtain sedative results and bring the patient to a better state of general nerve tone.

Milker's Cramp.

Among the "occupation neuroses," one of the rarer forms is that known as "milker's cramp," occasionally seen in those who have been engaged in milking a number of hours a day during a term of years. One such case was recently seen in a professional milker, who was for a short time in the employ of the Insane Hospital at Tuscaloosa.

The man was about 35 years old, showed some degenerative stigmata, but was in average health. He first noticed that his right hand and arm were growing weak, and that his fingers were stiffening, and that he was losing the ability to execute rapid movements with his hand or fingers. These symptoms became slowly more pronounced, and some pain, aching, tingling

and creeping sensations, developed. At the time he reported for treatment he had nearly lost the use of the hand; grasp was feeble, tendon reflexes absent, no tremor noted; hand and forearm slightly cyanosed, and circulation sluggish; on back of hand there was a herpetic eruption.

He stated that he had been engaged in milking daily for nineteen years, but had had no trouble in the hand until a month or two previous. He was advised to discontinue the work, left the service of the hospital, and passed from notice.

Gynecology and Abdominal Surgery.

IN CHARGE OF

W. E. B. DAVIS, M.D.,

Professor of Gynecology and Abdominal Surgery, Birmingham Medical College.

Some Surgical Sins.

The above is the title of a paper read by Dr. Emory Lanphear before the Missouri State Medical Association (*American Journal of Surgery and Gynecology*):

There are a number of "sins of omission, as well as commission," which surgeons may well pause to consider. Some of the sins dealt with are: Operating on hopeless cases; delaying opinion as to the gravity of the disease; pretending to be clean, but failing; keeping patient too long under chloroform, and representing capital operations as "trifling."

In considering the last, or what he terms the seventh sin, he states that in order to secure consent to operations, some are inclined to belittle the danger, represent the work as "trifling," etc. Of course I do not now refer to instances where there is good reason for not going into the details with a patient, explaining dangers to such a degree as to cause refusal to consent to an urgent operation. Such cases are quite often met; and the explanations must be made to the friends, not the patient. But to gross misrepresentation, or, at least, to the deception of silence as to the dangers. Once I was guilty of this sin; it was several years ago—when I was just entering on my surgical

work. I had a "streak of good luck," had made some thirty or forty abdominal sections without any bad results, and I thought I could do anything in pelvic work; in my over-confidence I committed the "Seventh Sin," once more demonstrating the truth of Byron's words: "But ignorance must ever be a part of sin." A beautiful girl was brought to me from Southwest Missouri, with tubal abscess, double; she questioned anxiously if there were danger in removal, and I, forgetting that the fate of woman is

"Born to be plowed with pains and sown with cares,
And reaped by death, Lord of the human soil,"

assured her there was none. I removed the tubes, secure in my faith in my own works. I knew not that I tore into the rectum in separating adhesions; she died of peritonitis—never uttering one word of censure, but oh! that look upon her face as she passed into the realm of shades! Then I felt indeed the grievousness of my sin.

* * * "There is no future pang
Can deal that justice on the self-condemned
He deals on his own soul."

I believe I shall never again operate upon a patient except in emergency, without fully explaining the possibilities of the case with and without operation, letting him decide. And this is right.

Example teaches better than precept. One of our surgeons of international reputation had as a patient one of the wealthiest women in the city. Disease, ovaritis chronica. She was doing well under chronic treatment, and would have remained a semi-invalid to the end of her days, but was ambitious to be well, as became a leader of society. The doctor was likewise ambitious. He desired to be known as an abdominal surgeon, and so he tempted the woman with hopes of health. He said: "Removal of the ovaries is a very simple, little operation; some morning I'll bring my table, my nurse and my assistants, and we'll take out those little troublesome things and make you well." "And is there no danger, doctor?" "None in the least, madam." And she consented. Oophorectomy was performed. The next day the doctor left town for twenty-four hours. Patient developed peritonitis, called another surgeon, and was told the next morn-

ing that she had but a few hours to live. She prepared a surprise party for her physician. When he returned to town he hastened to her home, and there found some twenty or thirty ladies, the most prominent and influential in his practice, gathered at the bedside. The lady, reaching out her hand, seized his in a grasp not to be shaken off. Calmly, amidst profoundest silence, she said: "Dr. ———, I was a happy woman, an invalid to be sure, but happy in the love of relatives and friends, surrounded by all the comforts and luxuries that wealth can provide, not suffering much, though wanting health. I could have lived for many years in the peace and happiness of my family. But in an evil hour you came and sang the siren's song. You told me there was no danger. Now I have peritonitis—am dying by your hands. Do you deserve further confidence or success? No. I have called your friends to hear my last words to you. With a dying woman's breath I curse you. Go!" As she flung his hand from her he went—and his business went also. Need more be said?

Appendicitis.

(Discussion by W. E. B. Davis at Nashville meeting of Southern Surgical and Gynecological Association.)

The surgeon does not, as a rule, see cases of appendicitis on the first day, but usually some days after the attack. If we are called on the third day after the attack, and the case has been one of rupture with general peritonitis, to operate would give the patient but little chance. I think there are but few cases of appendicitis that give rise to general peritonitis, or that would do so, in which the surgeon can do any good, because he sees the cases too late. It is hard for the family physician, even though he recognizes the condition, to persuade a patient to be operated on within the first twenty-four hours, and unless these cases are dealt with surgically within twenty-four or forty-eight hours we will not save them. The cases of appendicitis which result in general peritonitis that are saved are so few that we may almost eliminate them from the discussion. If you see a case on the third day that can be saved by surgery it can be saved at the end of five or six days, as a rule. We may empha-

size the danger of this disease and discuss the importance of operating at once, yet the question resolves itself into this, that if we see the case two or three days after the attack we can just as well wait a few days before operating. I do not advise that course, still I believe we can save about as many cases by waiting that length of time. The danger of the operation is less by waiting, because the adhesions have become more secure, the protection is more satisfactory, and we will have a simple abscess to deal with. It is best not to operate on the very mild cases at the time of the first attack, where there is no temperature to speak of, only a little pain, and the patient is able to walk about. A very prominent surgeon in Detroit diagnosticated a case of appendicitis. The attack was a mild one, but he was one of those who taught that in every case an operation should be done at once. He took that position in a family in which there was a young girl who had the disease. He told them there was great danger in delay. He was very earnest in his desire to operate. The members of the family were greatly shocked, and it set them to thinking. They called in a homœopath to investigate and treat the case, and under medical treatment the patient got well. We can readily understand how such an instance as that would keep others from being operated on. If we insist on operating on every mild case of appendicitis and upon cases of general suppurative peritonitis, we are going to bring surgery into disrepute. I take it that when we are called on the second or third day of the attack it is often a very difficult question to settle whether it is best to operate, because we cannot say whether we are going to have an abscess or whether the patient already has general peritonitis. If we operate and find general peritonitis we know the patient is going to die, and the operation, therefore, will be recorded against surgery.

I am glad that Dr. Cartledge emphasized the fact that a great many physicians fail to distinguish between a localized and a general peritonitis. One or two of the members at the Charleston meeting of this association took the position that cases of general suppurative peritonitis could be operated upon and emptied of a gallon of pus, and the lives of the patients saved. Although such cases may appear to have been general peritonitis,

they evidently were not. My experience has taught me that no patient can possibly live with a general septic peritonitis that has produced that quantity of pus. While some good surgeons claim to save cases of general suppurative peritonitis where there is a large quantity of pus in the abdomen, I believe the explanation is to be found, as pointed out by Dr. Cartledge, namely, that surgeons fail to differentiate between local and general peritonitis. While it seems that we should formulate some rules for our guidance in coping with these cases, yet the more we study this subject the more difficult it becomes, and we find that every case is a law unto itself. In all cases of appendicitis, where the pain is severe, if the patients can be seen on the first day, we should operate. In all cases in which there is a second attack of the disease, an operation ought to be done whether the attack is mild or severe.

Department of Surgery.

IN CHARGE OF

J. D. S. DAVIS, M. D.,

Professor of Surgery, Birmingham Medical College.

Cholecystotomy vs. Cholecystenterostomy.

(Synopsis of some remarks made at the recent meeting of the State Medical Association of Tennessee by Dr. J. D. S. Davis.)

Mr. President and Gentlemen: It is always a pleasure for me to meet the members of this society. I did not know, however, that I would be expected to address the society until my friend, Dr. Haggard, informed me when I entered the hall a few moments ago. He also told me that I was expected to talk about surgery of the gall bladder. It is a great pleasure for me to do so. The twenty minutes allowed me will hardly permit me to deal with more than one phase of the subject.

In a discussion upon a paper Dr. Cartledge read in this city last November upon stones of the gall-bladder, I made the statement that I did not believe, as a rule, a cholecystenterostomy ought to be done as a primary procedure. I had then never done any experiments to demonstrate that proposition, but my experience in the work and observations on stricture of the urethra

and drainage of the bladder had led me to this conclusion. Many times, when I had done an operation for draining the bladder, a urethra that was before impermeable would afterwards with suprapubic drainage open up and become practically patent. If that were true of the urethra, I thought it might be true of the gall-ducts, and so I was led to make the statement. After I went home I conducted a few experiments to demonstrate that proposition. First, I ligated the cystic duct just below the gall-bladder. The dog weighed thirty-two pounds. I did a cholecystotomy in the usual way—draining the gall-bladder. I threw a ligature of kangaroo tendon around the cystic duct and closed the abdominal wall, save a portion occupied by the gall-bladder. On the twenty-first day I killed the dog, which was just before the meeting of the Alabama State Medical Association, to which I desired to exhibit the specimen. I found the ligature had completely absorbed, the duct had opened at least to a third of the capacity of the normal calibre of the duct elsewhere, and the fistula had closed at the cutaneous margin. This did not demonstrate the proposition fully, because we had a ligature above the common duct. The second day after doing this operation I did another. I threw a ligature around the common duct, and did a cholecystotomy. On the twentieth day I killed the dog, and found that most of the ligature had been absorbed, the gall-bladder had opened sufficiently to allow the bile to pass, and I could pass a small sound, about the size of a knitting needle, through the cicatrix formed at point of ligature. The gall-bladder had not closed, nor do I believe it would have closed by the next day or several days, because there was a very much larger opening, and there was considerably more bile coming out of the cutaneous orifice than in the other case. I believe, however, in time this duct would have sufficiently opened to allow the bile to flow into the bowel, and the cutaneous orifice of the gall-bladder would have closed. These experimentations are not conclusive, but they do justify me in the assertion that a large majority of cases should not have a cholecystenterostomy done as a primary procedure. Certainly, whatever the emergency, we should give our patient the benefit of the cholecystotomy, which is a life-

saving procedure—a conservative procedure which anybody can do—before we subject the patient to any further risk.

If you do a cholecystenterostomy, it makes no difference how slight the pathological change, there is danger, as has been proven on the dog, that you will have a regurgitation of the intestinal contents into the gall-bladder. If this is true in the dog, it is certainly true of man. The conditions for which we do a cholecystenterostomy are these: First, congenital stenosis; second, stenosis due to malignant changes, in the majority of cases due to gall-stones; and third, gall-stones. Gall-stones will compose at least 90 per cent; and this is not an exaggerated, but a conservative, statement. That being the case, at least a large percentage of cases can be treated by a cholecystotomy.

Clinical and Society Reports.

IN CHARGE OF

B. L. WYMAN, M. D.,

Professor of Materia Medica in Birmingham Medical College.

Jefferson County Medical Society.

Stated meeting Sept. 13, 1897. D. F. Talley, M. D., president, Dr. R. C. Bankston, the essayist for the evening, read a very interesting paper on "Malarial Hematuria." This disease, he said, was due to a specific germ. All the viscera are effected and the red corpuscles are broken down and the white blood corpuscles are increased. The disease, he said, was ushered in with a chill, followed by high fever, accompanied with vomiting and frequent desire to pass urine. In mild forms the urine is red, and in grave cases it is black and contains blood. He laid great stress on the appearance and quantity of the urine in making a prognosis.

In speaking of the treatment, he said keep the secretions active; pay no attention to hemorrhage, but above all keep the intestinal canal open. Sustain the action of the heart by digitalis, gin and turpentine. Quinine cannot be given by the stomach on account of the nausea present, but it could be used with good effects hypodermically. He gave salol to control the temperature. After the acute stage has passed arsenic should

be given in combination with iron in tonic doses. The doctor reported a case of a mulatto girl who was stricken with the disease, to whom he gave salts and turpentine and applied mustard to the extremities. This patient had recurrent attacks. Morphia and atrophina, he thought, were contra-indicated, as the secretions are already checked. One attack, he said, did not immune from another.

Dr. E. H. Sholl said he had had quite a large experience with this much dreaded disease during his residence at Gainesville, Ala. He had treated fifty-seven cases, with a death rate of 30 per cent. He thought the disease was milder in form in later years after the country was better drained. His treatment was calomel and quinine. In cases where there was suppression of urine lasting over twenty-four hours death usually followed.

Dr. C. C. Jones said he thought malarial hæmaturia was one of the most fatal of all diseases. He had passed through two attacks himself and thought he was going to die. The second attack was nine years after the first. He had seen cases where he thought quinine aggravated the disease, and if he had a case to treat now he would use quinine very sparingly.

Dr. A. T. Henley said there was one peculiarity about this disease which he had noticed, viz.: those living in the black belt did not have the disease, while those in the sandy land near by have it very frequently. He had seen atropia used with good results.

Dr. J. W. Hirst said he treated a case last week, a farmer 48 years old. The patient had not felt well for several days, and thought he had been overcome by heat. He remained in a comatose condition twenty-four hours before death and developed a marked case of jaundice.

Dr. Thomas D. Parke said he had never seen a case, but he was very much interested in the study of the disease. One point of interest to him was the fact that as congestive chills disappeared malarial hæmaturia took their place. He was in doubt about the efficacy of quinine. He did not think the pathology of the disease had been settled.

Dr. E. P. Riggs thought some points of interest had not been touched upon. He thought suppression of the urine the great

thing to be dreaded, and as quinine was irritating to the kidneys, if he had numbers of patients with the disease today he would give quinine with extreme trepidation.

Dr. C. Wilson thought hæmaturia might come on in several ways, and he gave the theory of an Italian author bearing out the evidence of the severity of the different attacks, and from which evidence he drew conclusions as to when quinine should be administered. Where no organisms were found by microscopic examination of the blood then no quinine should be given.

Dr. R. M. Cunningham said he had treated two cases and both died. He thought there could be yellow chills without hæmaturia, and we should have a rational treatment. Give quinine at the time of the paroxysms, as that is the time the malarial organism is turned loose in the blood and can best be attacked. You must prevent your patient from dying with uræmia. He thought transfusion of blood was indicated in these cases, for the patient dies for the want of oxygen carriers.

In closing the discussion Dr. Bankston thanked the society for the free discussion of his paper.

Calhoun County Medical Society.

The Calhoun County Medical Society met in Anniston in regular session October 6, 1897. There was a fair attendance. Dr. W. B. Arbery of Jacksonville reported a case of *tabes mesenterica*, and Dr. J. M. Whiteside of Oxford reported a case of bronchitis, the interesting feature of which was its recurrence. Several members took part in discussing these cases.

The society elected Dr. W. B. Arbery of Jacksonville as vice president to serve the unexpired term of Dr. R. L. Hughes, who had been promoted to the presidency by the removal of Dr. J. C. LeGrand from the county. Dr. W. H. Bell of Oxford was elected to fill the unexpired term of Dr. LeGrand on the board of censors.

Dr. Arbery voiced the sentiments of the society when he expressed regrets at the loss of Dr. LeGrand in his removal from the county. Dr. LeGrand has ever been one of the most earnest and active workers in the upbuilding of the society, and perhaps has done more for its advancement than any other one man, and the society feels its loss in his removal and heartily commends him to the Jefferson county society.

W. H. Bell, Secretary.

SOME OF OUR CONTEMPORARIES SAY OF THE AGE.

The Alabama Medical and Surgical Age has removed its editorial and publication offices to No. 2107 Third avenue, Birmingham, Ala. Dr. John C. LeGrand, who for several years has furnished us the ideal in Southern journalism, will continue as its managing editor.—*American Medical Journalist*.

In keeping with the progress of the times, the Alabama Medical and Surgical Age has sought location in a city of size commensurate with its own growth. Hereafter Editor LeGrand will publish his interesting journal at Birmingham, Ala., No. 2107 Third avenue, where we hope that his publication's increasing popularity will never wane.—*Memphis Medical Journal*.

The Alabama Medical and Surgical Age has been removed from Anniston, Ala., to Birmingham, Ala. The Age will be under the same management as it has been for the past nine years.—*North Carolina Medical Journal*.

Our esteemed neighbor, the Alabama Medical and Surgical Age, has removed from Anniston to Birmingham. A wise move, no doubt. The Age should now remove its insert advertising pages.—*Atlanta Medical and Surgical Journal*.

The Alabama Medical and Surgical Age has removed its publication office from Anniston to 2107 Third avenue, Birmingham, Ala. This journal, under the able editorial management of Dr. J. C. LeGrand for the past nine years, will remain under his control. He some time ago moved to Birmingham. Never an issue of his ably conducted journal comes to hand that we do not feel a special interest in examining, and it is rare that we are not benefited by reading its pages.—*Virginia Medical, Semi-Monthly*.

The Alabama Medical and Surgical Age has been removed from Anniston, Ala., to Birmingham. The management remains the same. Birmingham is one of the largest and most important cities in the South, and the change bespeaks a progressive spirit on the part of the "Age."—*Journal of Medicine and Science*.

In this connection we acknowledge our grateful appreciation of the many assurances which we have had from the physicians of Birmingham, and indeed from every part of Alabama, that they will assist us in pushing every interest of the Age. A kind word, liberal contributions and your name on the list as a subscriber and the Age is a go.



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Synopsis of an Address to Medical Students.

Dr. B. L. Wyman delivered the introductory address to the students of the Birmingham Medical College on Saturday, October 2.

The occasion was the beginning of the fourth annual session. He welcomed them to the city of Birmingham, and told them that the day marked an important epoch in the history of their lives. He reminded them that they had chosen for their life work one of the noblest and most honored of all the professions, and he warned them of some of the difficulties and dangers which they would meet before they had finished their undergraduate course. He said that the career of the medical student was rendered much more thorny in recent years by the increase and increasing complexity of medical studies, combined with augmented stringency of examinations. He offered them a few practical suggestions with reference to the course

of study and impressed upon first and second course students the importance of a thorough knowledge of the fundamental branches. He advised them to make haste slowly and not attempt to take the whole course of medicine in one year. He thought that time was necessary for the process of intellectual digestion and assimilation, and that the student's progress should be slow and by regular gradations. He referred to the increase in the number of years in which the student has to complete his course and the added curriculum which he thought could not fail to elevate the scientific standard of the profession and make the diploma more valuable. He told them that success or failure depended entirely upon their own exertions; that the medical school simply laid the foundation, and the individual must build upon it. He would have the students form high ideals of what true success means, and reminded them that they would not become famous in the popular sense, neither would they grow rich, as the emoluments of the profession are few. He hoped that they would so prepare themselves that they would become good, honest, faithful practitioners of medicine. If they embraced all the opportunities offered them at the college, their success would be assured. He spoke of the serious responsibilities which they would assume in becoming doctors, and urged upon them the importance of thorough preparation. He referred to the crowded condition of the profession and to its very exacting demands, and said the public would expect the best professional service.

Referring to the Birmingham Medical College, he spoke of some of the difficulties which had confronted its founders in the beginning of its career; established during a period of financial depression, which pervaded the whole country; with no endowment, with little encouragement from the profession at large, the success of the school had exceeded the hopes of its best friends. He thought that Birmingham, on account of its location, climate, cosmopolitan character of its population, together with its large railroad, mining and manufacturing interests, offered advantages to the student of medicine not surpassed by any city in the whole South. He spoke of the determination of the faculty to maintain a high standard, and warned the

students that no diploma would be given except after a thorough and satisfactory examination. Referring to the fact that the student had more to learn now than formerly, he said the student has to work, not spasmodically for a short time before each examination, but regularly throughout the whole session, if he wishes to succeed. He spoke of the importance of a thorough knowledge of histology, both normal and pathological, of microscopy and bacteriology, and said the student must master at least the fundamental principles and become familiar with these subjects by practical work in the laboratory.

He advised the students to be prompt and regular in attendance upon the lectures, and to cultivate regular and systematic habits of study. The day had long since passed when the student was expected to spend the whole day in the lecture room. The plan adopted at the Birmingham Medical College was to give the student no more lectures than he could digest, to devote the morning hours to didactic lectures and clinical instruction, and the afternoon and evening to recitations, laboratory work and the study of practical anatomy in the dissecting room. He dwelt upon the importance of the student obtaining a thorough knowledge of anatomy and said it was the very essence of the art of surgeon.

Speaking of the temptations which beset medical students, he said they would meet the tempter in Birmingham in his most alluring guise, and he would warn them to avoid all forms of dissipation. In closing he again, in behalf of the faculty, welcomed the students to the city of Birmingham and to her medical school. In speaking of the phenomenal growth of the city he grew quite eloquent, and said amidst all of her industrial enterprise she had not lost sight of the importance of education and had planted here an institution which he hoped and believed had many years of usefulness before it.

Dr. Wyman's address was followed by several interesting impromptu talks by Dr. J. H. Phillips, superintendent of the Birmingham Public Schools, Mr. Samuel Ullman, president of the city Board of Education, Dr. E. H. Sholl, chairman of the Committee of Public Health, Rev. Dr. ———, secretary of the Baptist Young People's Union, and Dr. J. C. LeGrand, editor of the *Alabama Medical and Surgical Age*.

The occasion was a very happy one. The college enters upon its fourth year under very favorable auspices, with a large increase in the number of students.

Antitoxin in the Treatment of Diphtheria.**DIAGNOSIS.**

Precision is appreciated by all. The more accurate the doctor can be in diagnosis of disease the more will his services be valued. Specific treatment is the chief desire of both doctor and patient.

Diphtheria in the past has brought to the physician more worry and anxiety than any of the common diseases. There are a few physicians who have persuaded themselves that iron and chlorate of potash, if given exactly in the proper proportions and at proper intervals, and if taken in time, would invariably cure diphtheria. All such are now glad to give up their erroneous ideas and grasp the ideal specific, the antitoxin of Behring & Raux.

The two points of greatest importance, and to be insisted on in all cases, are to give the remedy early in the disease and to give plenty of it. The next most important thing to do is to repeat the dose of antitoxin in twelve hours if the condition of the patient is not considerably improved. The prompt improvement following the administration of antitoxin in this disease, when given early, is very striking. It will in some cases lead the friends, and even the doctor himself, to almost doubt the accuracy of his diagnosis.

Where the disease attacks the larynx this treatment has proven its greatest worth. Trachæotomy will rarely have to be performed, and where intubation is required the tube is kept in for a shorter time and the patient is far more comfortable. It is not always an easy matter to decide, by an examination of the throat, whether or not a case is diphtheria. In doubtful cases a culture taken from the throat, or blood serum, will mature in twelve hours, and from this a positive diagnosis will be made. This method, which was inaugurated by the New York Board of Health, is practiced now in all of the larger cities. It can be done in private practice with small expenditure of time.

The experimental stage of this treatment of diphtheria is too well established to necessitate bringing before the medical profession more statistics. It is the duty of every doctor to use antitoxin promptly as soon as he makes a diagnosis of diphtheria. Local throat washes are not to be dispensed with, as they have their place in probably destroying germs with which they come in contact, and are soothing to the inflamed surfaces.

Editorial and Miscellaneous Notes.

Our friends are requested to mention the Age when writing to advertisers.

Dr. C. R. Sexton has returned after a delightful visit to friends out West.

Dr. W. C. Wheeler, one of Huntsville's good doctors, was in the city during this week.

We send out a big list of sample copies this month and hope to receive in return a big list of subscribers.

Dr Cunningham Wilson of this city attended the Mississippi Valley Medical Association at its recent meeting held at Louisville, Ky.

Dr. J. E. Robbins of Brookside, Ala., was in the city last week. While here he not only had a kind word for the Age, but became a subscriber.

We would like to correspond with any physicians in Alabama who expect to take a post-graduate course in any of the schools of New York, before they go.

Dr. Howell T. Heflin, formerly of Roanoke, Ala., a brother of Dr. Wyatt Heflin of this city, has located at Woodward, Ala. The Age wishes Dr. Heflin the largest measure of success at his new location.

The editor of the Age acknowledges special obligation to Dr. S. L. Ledbetter, Dr. C. Wison, Dr. B. L. Wyman, Dr. G. C. Chapman and Dr. R. C. Bankston for kindness done us in this issue of the Age.

An Irish brakeman in the railroad yards was hurt by the train and his friends offered to send for a physician. They asked: "Do you want an allo-path or homœopath?" He replied: "It don't matter—all paths lead to the grave."

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Mr. J. D. Collins of Birmingham invites the doctors through the Age to examine his splendid stock of shoes.

Dr. J. C. Dozier, a prominent and much beloved physician of this city, died Friday, October 10, 1897. A more extended notice will be given of him in the November issue of the Age.

Dr. C. Travis Drennen, formerly of this city, but now of Hot Springs, Ark., has been on a visit to his parents and brother here. The doctor went up to Louisville, Ky., to attend the Mississippi Valley Medical Association, where he read a paper.

The Birmingham Buggy Co. has moved into new and larger quarters, on Twenty-first street, under the Birmingham Medical College. Mr. S. H. Matthews, manager of the Birmingham Buggy Co., makes a specialty of rigs and repairs for physicians. He guarantees satisfaction.

Married—Dr. B. G. Copeland and Miss Lucy Ethel Turner, in the city of Nashville, on the 6th instant. Dr. Copeland is one of our best surgeons and physicians, and he has a host of warm personal friends in the profession who join the Age in extending heartiest congratulations.

The attention of physicians and dentists is called to the half page advertisement in this issue of the Birmingham Dental Depot. They keep a well selected line of the latest medical books, and physicians in need of books will find it to their interest to write this house for prices before buying elsewhere.

The Adams Drug Co., located on the corner of Second avenue and Nineteenth street, Birmingham, occupies the key-stone location of the city. That corner has long been known as a drug corner. Its popularity continues to increase. Mr. W. J. Adams, president and manager, has built up a large clientele. He makes a specialty of prescriptions.

Dr. J. D. Dabney of Birmingham received a request from the State Board of Health of Mississippi to give his professional services to the yellow fever patients at Clinton, Miss., and he

at once responded to the call, and is now waging war against Yellow Jack with all the skill and experience he gained in a former epidemic in Mississippi, his native State.

The Hillman Hospital derives its name from Mr. T. T. Hillman, who generously endowed the hospital with a liberal largess. It has won an enduring fame in the skillful treatment of diseases. It is supplied with all conveniences that can be obtained in this age of invention and progress. Dr. B. G. Copeland is the surgeon in charge.

The name of the Ellis Drug Co. has been a household word for some years. A recent change in the management has taken place. Mr. William R. Gunn, who has been secretary and treasurer of the company for some time, is now the manager and proprietor. He has something of interest to say in the advertising pages of this issue.

The Medical and Surgical Age has a wide circulation, but no more extended than the fame of Louis Saks, Birmingham's clothier. His great stock of goods fills the most metropolitan looking building in the city. He clothes all classes, and is not neglectful of the doctors, whose duties call them out at all hours and who need warm clothing. Saks' hygienic underwear is a feature of his immense stock. Read his adv. in this issue.

SANMETTO IN CYSTITIS AND PROSTATIC TROUBLES.

Sanmetto yields uniformly good results at my hands. I have prescribed it in chronic cystitis of long standing, where the standard remedies failed, and effected a permanent cure. It is certainly ahead of anything I have ever used for enlarged prostate, and in fact for all prostatic troubles.

Farley, Iowa.

J. F. Lambert, M. D.

The attention of the readers of the Age is called to the advertisement of the Sanitarium of Drs. Elkin & Cooper. This institution is provided with all the latest and most approved appliances for the successful treatment of the class of cases mentioned. Drs. Elkin & Cooper are prepared to give patients

sent to them the very best treatment. Standing, as they do, at the very head of the list as honest and competent surgeons and physicians, physicians will be safe in referring patients to them.

Various chronic affections of the nerves of an inflammatory character, as neuritis, perineuritis, multiple neuritis, sciatica are secondary mostly to such diseases as rheumatism and syphilis. To treat these affections by sedatives merely is irrational; alteratives and absorbents being indicated, although the physician must be careful in the selection of drugs, so as to cause no other derangements (like iodism from potass. Iod.). Henry's Tri-Iodides will prove themselves of great value and will not be followed by disagreeable symptoms of any kind.

The Tri-State Medical Society of Alabama, Georgia and Tennessee, held last week in the city of Nashville, was a most interesting and successful meeting. Birmingham was selected as the place for holding the next meeting—October, 1898. The following officers were elected for the ensuing year: President, Dr. James A. Goggans of Alexander C'ty, Ala.; vice presidents, Dr. Andrew Boyd, Alabama; Dr. G. W. Drake, Tennessee; Dr. C. M. Drake, Georgia; secretary, Dr. F. T. Smith, Tennessee; chairman committee of arrangements, Dr. George S. Brown of Birmingham.

By the 10th of November we hope to be in our new and permanent offices, in the new Nabers, Morrow & Sinnige building on Twentieth street, between First and Second avenues. Extra work on the October issue of the Age and other business has prevented us from calling on many of the physicians of the city. After we are permanently located and up with work we hope to have the pleasure of meeting every physician in the city and county, and we shall be pleased to have the doctors, especially of Alabama, to call at the Age office when in the city. The Age's sphere is to serve the medical profession of this country, but especially of Alabama. We have no enemies to punish nor pets to humor—the humblest country doctor or the most distinguished physician in the largest city can command us.

RHEUMATISM.

"Without pausing to consider the cause or causes of rheumatism (and the list of these which have from time to time been advanced by pathologists embrace almost every known cause of pathological change in the system), its successful treatment must be pursued on certain well recognized lines. There must be an eliminator for the removal of morbid secretions; there must be a stimulator of vital functions; there must be an alleviator of pain and a soother of inflammation.

All of these indications are met by Tongaline, whose eliminating powers seek out the poisonous products of retained excretions or perverted secretions and neutralize them, or by rendering them soluble remove them by the natural excretory processes. Its Tonga subdues pain and induces sleep or rest; its salicylates, each in its own specific way, excite the emunctories to action and carry away the poisons."

The pioneer drug house of Birmingham is that of Nabers, Morrow & Sinnige. It has grown with the wonderful growth of the mineral district. Its name is a synonym with enterprise, integrity and honesty. The business of this house has grown to such mammoth proportions that a new and larger building became necessary. In answer to this need the five-story pressed brick Nabers, Morrow and Sinnige building on Twentieth street has been erected, and before the November issue of the *Age* appears this firm will be snugly ensconced in its new habitation. These larger quarters will give increased facilities and two floors will be devoted to laboratory purposes. This drug firm is now receiving much of the wholesale trade that went to surrounding cities before the yellow fever quarantine was established. The Medical and Surgical *Age* rejoices in the splendid record and bright prospects of Nabers, Morrow & Sinnige. Read their half-page advertisement in this issue.

The Birmingham Dental College began its fifth year on the 5th instant. Dr. T. M. Allen, the dean, informs us that the work for this year is in every way encouraging and he has a good class of students. At the opening Rev. Dr. Kelly made

an impromptu talk to the students, in which he said: "You have been informed by Dr. Phillips that there can be no such thing as extemporaneous success. Then I can be nothing but a failure, for I have had no preparation." (Laughter.) He said that each student should say to himself, "I am going to be a true servant of my day and generation." "Do your best, you are entering a profession that stands right in the gateway of life, for the man who cannot masticate his food cannot deliver a good sermon, write a good story or do anything else as well as he could were he free from the pangs of indigestion. So it will be seen that we are dependent upon the dentist for a great many things. When I was a boy," proceeded Dr. Kelly, "my father said that if a man should have the toothache all through eternity, that would be hell enough. So you see the question of dentistry has a moral side also." In closing he wished the students a year of unbroken study and great success.

DR. JOHN C. DOZIER.

Resolutions adopted by the Jefferson County Medical Society, October 13:

Death has recently claimed one of our number, Dr. John C. Dozier, whose membership in this society dates back to the early part of the year 1883, and was continuous to the time of his death after months of weary weakness and gradual decline. For several years he was health officer of Jefferson county, and discharged with capacity and fidelity the duties entrusted to his care. He was conscientious and faithful in his relation to his patients, striving to do the best that lay in his power. Retiring and modest in disposition, not self-assertive, gentle in manner, pleasant in social intercourse, he won and retained the esteem of his brother practitioners. He was highly observant of ethical duties and always courteous and true in his relation to his associates. The activities of this life have merged for him in the fruition of a better one, to which in his declining days he looked earnestly forward with serene trustfulness; therefore be it

Resolved, That in view of this sad bereavement, coming so soon after the loss of his beloved wife, the Jefferson County Medical Society extends to his family its sincere sympathy.

Resolved, That the secretary be instructed to forward a copy of these resolutions to the family, and that they be printed in the Alabama Medical and Surgical Age,

The Southern Surgical and Gynecological Association announces that its tenth annual meeting will be held at St. Louis, November 9, 10 and 11, 1897. This enterprising and progressive organization includes some of the best medical talent in the South, and always has instructive sessions characterized by scientific papers and spirited debates. The secretary, Dr. W. E. B. Davis of Birmingham, who organized this association, is one of the most experienced medical society officials of the country, as well as one of the most distinguished abdominal surgeons in the South. It is perfectly apparent that under his experienced management the forthcoming meeting of the association, to be presided over by Dr. George Ben Johnston of Richmond, will be fully abreast of any previous meeting in the history of the organization. Dr. Johnston's reputation, too, is national, and his ability as a presiding officer is unexcelled. The city of St. Louis is delightful during the Indian summer, and everything seems to be conspiring in the interests of this meeting.—*Buffalo Medical Journal.*

Editor Medical and Surgical Age:

To the student of criminology, it is an interesting fact that mob violence and unlawful killing of ravishers and such criminals does not deter others from attempting the same crimes.

Such knowledge goes far to convince me that such acts are due in a large measure to want of mental conception, or a degeneration of mind, or unbalanced condition, rendering the guilty one irresponsible, or partially so. Now, whether the taking of life under such circumstances as reparation is justifiable, is very questionable, still the enormity of the offense and the safety of our women and girls demand that radical measures be adopted for their protection.

Admitting the criminal, afflicted with a disease, or depravity, and morally irresponsible, what would be the best course to pursue under the circumstances? Instead of violently taking the life of such wretch, which does not in the least deter others from like attempts, as statistics show it to be on the increase, why not adopt a more logical, rational and humane punishment, one that would be commensurate to the offense, and at

the same time do away with the barbarous practice of lynching, which does such violence to our feelings in this age of refined, enlightened and progressive advancement, and have laws enacted making the crime punishable by desexualization, or castration, with confinement at hard labor afterward for such time as may be necessary for the complete atrophy of the auxiliary stimulative apparatus, and the consequent loss of all sexual desire, or capacity to attempt the sexual act. When such an one has been adjudged impotent and harmless, he then to be given liberty. I believe that many of our imbeciles, epileptics and sexual perverts would be far on the way to recovery, if the excision of the generative organs were practiced upon them, thereby relieving them of a very irritating factor in their physiological make-up.

Agitation of this matter, and its thorough discussion, I am sure will result in a radical change in our mode of dealing with these questions, and the adoption of some measures for relief that will be adequate, effectual and subserve the purpose. At least, it will be a very great warning to the evil minded.

R. C. Bankston, M. D.

(Dr. Hunter McGuire of Virginia, Dr. Daniels of the Texas Medical Journal some years ago advocated the treatment as mentioned by Dr. Bankston, and your humble servant, the editor of the Age, read a paper before the Tri-State Medical Society of Alabama, Georgia and Tennessee, at the meeting at Atlanta three years ago, advocating the same treatment.—Ed. Age.)



"If it's a pill made by William R. Warner & Co it's soluble." There's only a few words in the above sentence, yet they are words which will impress all who read them. The theme is not a new one. The name "Warner" has long had the word "solubility" intimately associated with it. While we congratulate Messrs. William R. Warner & Co. upon the perfect preparations bearing their name, we cannot but state we do not see why they should not be perfect. Forty-one years in business constitutes a period during which a progressive house should

be able to give to the profession perfect preparations. The pills made thirty years ago and exhibited at the American Medical Convention in Philadelphia, proved to be as perfect and soluble as the day they were made. The following is suggestive that Messrs. William R. Warner & Co. have been very successful:

Liberty, Ohio, June 9, 1897.

Messrs. William R. Warner & Co., Philadelphia—

Gentlemen: Last winter I unearthed a small vial of your Aloin Granules that by chance had been stored away for twelve years. Having always used your Aloin Granules in my practice I of course used these, and as far as I could determine, they were as efficient as the day they were made. I tried them on myself several times, with results as good as could be wished for. I have kept a few as a curiosity. They are O. K.

Yours truly,

J.H. Adair.

PARKE, DAVIS & CO. SUPPLY ALL POTENCIES.

The ringing report in favor of the serum treatment of laryngeal diphtheria submitted to the American Pædiatric Society, and the stress laid on the early employment of a potent and concentrated antitoxin, impel us to remind the readers of the Alabama Medical and Surgical Age that we have long been in position to supply every strength, from 250 to 2000 units. The profession seem to lean by preference to doses of 1000 to 1500 units, but we can supply promptly all requisitions for a highly concentrated serum in doses of 2000 units.

Our serum is rigorously tested and possesses, when it leaves our hands, a slight excess of antitoxin power to make good the loss of strength ensuing with age.

We furthermore particularly call your attention to the fact that our containers are glass bulbs hermetically sealed—not ordinary vials and corks. Dr. George Duffield, in the Journal of the American Medical Association, March 6, said: "I have found Parke, Davis & Co.'s anti-diphtheretic serum most efficacious. Apart from the potency of this brand, I must commend the ingenious manner in which it is marketed, viz., in hermetically sealed glass bulbs, which exclude the air and keep the serum strictly aseptic." Dr. B. H. Detwiler, in the Therapeutic Gazette for January, stated; "I prefer the anti-diphtheritic se-

rum made by Parke, Davis & Co., as it is held in bulb tubes that are smaller in bulk, more convenient for use, more aseptic than the ordinary packages with corks, and the serum itself gives less pain in injecting." Dr. W. A. Walker, in *Pediatrics*, October, 1896, said: "I have used several serums, but have been best satisfied with the effects of that sent out from the Biological Department of Messrs. Parke, Davis & Co. I heartily approve of the way this firm now puts up the serum, in bulbs instead of in bottles." An editorial in the *St. Louis Medical Era*, January issue, affirms: "The antitoxin now offered the profession by Messrs. Parke, Davis & Co. is undoubtedly the safest and most reliable product on the market."

We should be very glad to have you write for our file of antitoxin literature, which includes interesting reports from hospital, municipal and private practice.

Very Respectfully,
Parke, Davis & Co.

PECULIARITY OF SCRATCHES SUSTAINED BY FALLING FROM A BICYCLE.

Many practitioners have no doubt been annoyed by finding their prognosis wrong in a class of trivial injuries very commonly met with in these days of the bicycle. A rider sustains a fall, his hands and knees are scratched, a physician sees, cleans and dresses the wounds, confidently predicting that they will be well in two or three days. The prognosis is based upon the apparent superficial nature of the injury, but is found to be wrong. I first recognized their true nature on seeing a little accident occur at the pool table. A player who was leaning far over the pool table, resting his weight on his left hand, had to jump up suddenly to avoid a ball coming towards him. In doing this the palm of the left wrist was drawn rapidly along the cloth of the table and a thin pellicle of skin was removed. The result was a raw spot exactly like that left by the bursting of a small blister. It was fully three weeks before injury was received. Here, of course, the injury was a burn from friction. Even when riding at a very moderate pace, if one falls from his bicycle the forward movement is continued and dirt is ground

into the hand or injured part. This shows that there has been very considerable friction, and thus burning as well as bruising is a factor in the case, and more tissue is involved in the lesion than is at first apparent. Another factor is that dirt is ground into or through the skin in such a way that thorough cleansing is often an impossibility. The injuries here discussed are, of course, trivial, but a knowledge of their nature may save one from the annoyance of being far wrong in his prognosis.—*Am. Jour. Surg. and Gyn.*

CRIMINAL ABORTION.

Considerable discussion is going on now in some of the medical journals as to whether or not a woman is capable of producing an abortion upon herself. In some instances there is a shade of excuse for her doing so; but none whatever for a member of the medical profession to lend her his skilled assistance. One who so lowers his dignity as to resort to this despicable practice ought to be ignored by his fellow practitioners and shunned by all members of respectable society.

Laws ought to be more severe, and enforcement more vigorously insisted upon by the respectable members of our profession so as to put a stop to it, at least on the part of the physicians.

Our aim is to alleviate suffering and prolong life, not to murder unborn babes.

Abortion has become so common among the French people that the French government has been compelled to come to the rescue by offering a sort of a bounty to the parents for every child born. This government will soon have to resort to something of this kind to prevent the extinction of the race—or throttle the professional abortionist, who with probe and pencil roams untrammelled o'er our land in his avocation of murdering the innocents.

A case of this kind came under my notice a short time ago, where application was made to me for a $\mathcal{P}$ for that purpose by a Methodist preacher for his wife. Upon my refusal to comply with his request he left my office, and later I learned was ac-

commodated by one of our local doctors. I called the county attorney's attention to the matter, but so far he has done nothing in the way of prosecution of the guilty.

We as respectable members of the profession should demand and see that justice is meted out to these scoundrels.

While a student of the K. C. M. C. I believe every professor at some time or other during the course spoke of this evil and warned the students not to practice it, and to insist on the prosecution of those who did. I believe if we all followed that instruction we could put a stop to it, at least in our own localities.

In this State the penalty is not severe enough; it is classed only as a misdemeanor, punishable by a fine and imprisonment in the county jail. It should be a felony and classed as manslaughter. It is even more heinous than manslaughter, for in the latter case there is some inciting cause for the deed, while in the former there is only a small fee and a desire to hold an undesirable patient.

Professionally, we ought to hold these moral monstrosities in our most supreme contempt and see that they suffer the penalty of the law, where evidence has been secured. It is not necessary to play the part of detective to get information, although this would be highly commendable; but lay low and say nothing, and they will soon become so bold as to be easily caught.—C. O. Cranston, M. D., in Medical Index.

Cottonwood Falls, Kas., July 6, 1897.

SHOES

For Men,
For Ladies,
For Misses,
For Boys and Babies.

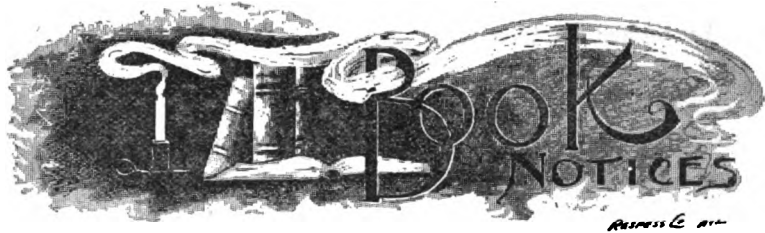


The Medical Fraternity recommend them! Up-to-date, Substantial, healthful.

COLLINS, The Big Shoe Store,

1910 First Avenue, - - - - Birmingham, Ala.

Try our \$3.00 Men's Shoes. Try our \$2.00 Ladies' Shoes.



Hysteria and Certain Allied Conditions. Their nature and treatment, with special reference to the application of the rest cure, massage, electrotherapy, hypnotism, etc. By George J. Preston, M. D., Baltimore. Illustrated. P. Blakeston, Son & Co., 1012 Walnut street, Philadelphia. 1897.

This book on Hysteria, an admirable and intensely interesting one, carries its reader back long ago to the very inception of the disease of which it treats, and details many of its wild manifestations among the superstitious during and prior to the middle ages. This delving back into its medieval history adds great worth to its pages and makes it a volume to be desired by every profound student of medicine. In its treatment of the nature, etiology and pathology, the search-light of investigation is thrown on in such a way as to show many danger points to be avoided in the rearing and educating of young girls, who are so apt to develop this trouble. Although the deductions worked out as to its pathology are necessarily of a metaphysical nature, the course of reasoning throughout is strikingly consistent with its manifestations.

For a disease so Protean in its denominations, the symptomatology is given in an unusually full and attractive manner—dealing at length with disturbances in the centers of higher sensation, where in a great majority of cases we must look for the trouble.

It explains how such functional disorders of the viscera may be produced, by vaso-motor disturbances, as to lead the physician into a mistaken diagnosis of some organic disease, and by

dealing succinctly with the differential diagnosis of hysteria it points out clearly how the physician can avoid making these mistakes.

In regard to treatment great stress is laid on environment and the method of early education in order that their faults may be remedied, and in that most efficient way, a prophylactic treatment of hysteria instituted. The regulation and proper selection of diet, the taking of out-door exercise, electrotherapy, massage, the rest cure, hypnotic suggestion and surgical interference, are all dealt with in an instructive and interesting manner and each given due importance and credit for relieving hysteria in its different manifestations.—By G. C. C.

Diseases of the Ear, Nose and Throat, and Their Accessory Cavities. A condensed text book. By Seth Scott Bishop, M. D., LL. D., professor in the Chicago Post-Graduate Medical School and Hospital; surgeon to the Illinois Charitable Eye and Ear Infirmary; consulting surgeon to the Illinois Masonic Orphans' Home and to the Silver Cross Hospital of Joliet; formerly surgeon to the International Medical Congress, the Pan-American Medical Congress, the American Medical Association, the State Medical Societies of Illinois and Wisconsin, the Chicago Pathological Society, etc. Illustrated with 100 colored lithographs and 168 additional illustrations. One volume, royal octavo, pages xvi—496. Extra cloth, \$4 net; sheep or half Russia, \$5 net. The F. A. Davis Co., publishers, 1914 and 1916 Cherry street, Philadelphia; 117 W. Forty-second street, New York; 9 Lakeside building, Chicago.

This book, while ostensibly written for students and physicians in general practice, will be an addition to any library. It is all that the author claims for it. It is not burdened with stale matter nor tiresome compilations. On the contrary, it contains a large amount of original matter, and the personal experience of the author, who has the happy faculty of going to the point in a very clear and concise manner.

It is remarkable how much has been condensed into such a small space. The book is thoroughly modern and up to date in every particular, and to mention all the meritorious features would be to index the book, beginning with 'external ear troubles' and ending with 'foreign bodies in the larynx.'

The manner in which Eustachian tube and middle ear troubles are treated is especially meritorious, and the article on mastoid troubles is unusually interesting, giving the most satisfactory treatise we have yet seen upon that subject. The article on diphtheria is comprehensive and practical, making the differentiation between membranous croup of diphtheritic origin and the non-diphtheritic variety very decisive, and giving all that is worthy of record in current literature on the subject of serum therapy. And so from beginning to end the author has given to the profession a real live book, which may be read with interest and profit, a book which has the stamp of personality about it which will of necessity make it attractive and readable.—By Dr. S. L. L.

International Clinics, a quarterly of clinical lectures on medicine, neurology, surgery, gynæcology, obstetrics, ophthalmology, laryngology, pharmacology, rhinology, otology and dermatology, and especially prepared articles on treatment by professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D., Philadelphia, J. Mitchell Bruce, M. D., F. R. C. P. London, England, David W. Finlay, M. D., F. R. C. P. Aberdeen, Scotland. Vol II. Seventh series 1897. J. B. Lippincott Company. 1897.

The International Clinics are deservedly popular among the progressive physicians. They are the embodiment of scientific medicine and surgery as taught in the advanced schools of today; they contain illustrations of a high grade of excellence, and give to the reader accurate conceptions of the authors' idea. They have as contributors men whose reputation and experience

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enable them to stand unquestioned as educators, and whose thoughts can be relied upon for accuracy. The compiling, indexing and general make up show thought, experience and effort to give to their readers books of the highest order. The Clinics are books of merit, unsurpassed by any productions of their kind, and every physician who secures them has in his library something that will be a ready help at any and all times in the treatment of the most simple or the most complicated of diseases.—By G. C. C.

Inebriety, its Source, Prevention and Cure. By Charles Fallen Palmer. Published by Fleming H. Revell Company, New York, Chicago, Toronto.

This little book of 109 pages is truly "Multum in Parvo." Treating, as it does, upon the source, prevention and cure of inebriety, we are quickly led to see the cause and effect of the mental organism so tersely portrayed in its pages. It gives, and justly so, preponderance of evidence to inherited inebriety, showing the close relationship borne by ancestral inebriates to their offspring, though the particular form which this vice may assume is not necessarily determined by the parent.

The close reasoning put forth in this book for a higher ideal in moral training and a more exacting avoidance of those things, both hereditary and acquired, which lead to inebriety, is its highest excellence.—By G. C. C.

The Alabama Medical & Surgical Age.

VOL. 9. NOVEMBER, 1897. No. 12.

Original Communications.

REMINISCENCES OF THE LIFE OF A MEDICAL STUDENT OF THE LONG AGO.

BY CLAUDIUS HENRY MASTIN, M.D., A.M., LL.D.,

MOBILE, ALA.

PART V.—THE FACULTY.

Chemistry: Obstetrics.

James B. Rogers, one of four brothers—Henry, William and Robert E.—all of whom were illustrious in science—occupied the chair of chemistry, vacated by Dr. Hare in 1846. He had come to the University with a well-earned reputation as a chemist and teacher, having filled distinguished positions in this department of science, so that he was no small acquisition even to a faculty which was already celebrated! Having known his brother William, who was one of the professors at the University of Virginia, whilst I was an academic student there, I was introduced to him by his brother, who was visiting Philadelphia soon after my arrival, and to this introduction I attribute the universal courtesy and attention which he extended to me whenever we met.

Dr. Rogers was emphatically a fine lecturer, thoroughly a master of his branch, a painstaking manipulator, his chemical illustrations being markedly brilliant and successful. With a most pleasing address, he had the happy faculty of imparting to his class the principles of the branch which he was eminently qualified to teach. His course was made especially attractive

by the most brilliant and successful experiments, which clearly illustrated every subject; but it was in the field of Organic Chemistry that he was especially interesting. Here he taught its bearing upon Physiology, Pathology and Therapeutics, and impressed upon the minds of the class the necessity of a thorough understanding of the great chemical laws which affect the treatment of disease. In a word, he taught Medical Chemistry!

Dr. Rogers was a man of medium size and height, and with a dignified bearing, he showed the impress of the gentleman and the scholar. His hair of a slight tinge of iron gray, with hazel eyes, shaven face, which wore the lines of thought and study, marked him as no ordinary man! His dress was plain black; a dress coat such as is now used for evening dress he wore closely buttoned all the while. He was rapid in movement, and his illustrations and mathematical calculations on the blackboard were executed with lightning rapidity. He was so thoroughly a master of his branch that he seemed to impart the instruction which he gave the students without trouble to himself, but rather as the work of intuition! He always commanded the attention of his class, and his lectures, always at 5 o'clock in the afternoon, after the day's work was done, were well attended—the students apparently attracted more by his beautiful experiments than any real love for the branch which he taught. As a rule, medical students care very little for chemistry as an abstract science!

His examinations for the degree, if I may judge from the one given myself, were very poor tests of the chemical knowledge of the student, and were counted as of little value in making up the average of a student's knowledge required for his degree of M. D. I say this, because when I appeared in his private room in his laboratory to be tested as to my acquirements, he certainly could not have had any idea of how much or how little I knew of his branch. It was a cold night early in April when by card I had been invited to call at a fixed hour and stand my examination. I entered the room to find him sitting by the stove and awaiting my arrival. He greeted me very

kindly, and remarked: "This is a very cold night for the season." I replied, "Yes, I found it so, as I have just come from my room quite a distance." He instantly said: "How do you know it is so cold?" My reply to this was that I had taken a long walk and found it cold! He said, "Yes, but if you were in your room by a good fire, how would you know the degree of temperature on the outside?" I then caught the drift of his remarks, and replied: "By the thermometer!" He said, "Correct! Now tell me how many kinds of thermometers there are." Upon my telling him that there were three, he asked me the rule by which I would change the degrees of the one into the other; and that comprised the entire list of questions which he propounded! He had a few general remarks upon the class (it was his second year at the University), and seemed pleased with the number of matriculants and the general character of the class! He said: "I have noticed that your attendance has been very regular at my lectures, and I presume after your course under my brother William at the University of Virginia, your knowledge of chemistry is amply sufficient," etc., etc.!

He presumed upon my academic course at the University of Virginia, but he was very much mistaken when he presumed that I was in any degree a chemist; for I was barely low average in that branch, and had only given it attention enough to insure my passing a very lenient examination! If the class, as a whole, knew no more than I did of the branch, I am very certain that the graduates of 1849 have not turned out a single man who has made any reputation as a chemist.

Dr. Rogers was a gentleman by birth and education, and occupied a high stand in the world of science. He commanded the respect of the students, and was admired and loved by all who came in personal contact with him. As a teacher of chemistry, he was, to that date, the best the University had ever had in that chair!

"The Science and Art of Obstetrics" was taught us by Prof. Hugh L. Hodge! He had succeeded to this chair, vacated by Dr. Dewees in the year 1835, and held it until 1863, nearly

twenty-eight years—this alone is in evidence of his great ability as a teacher, and his worth as a man! Dr. Hodge was a most charming and successful lecturer. He labored assiduously to teach the principles of his branch, and to impress upon the class the importance of a proper understanding of all the laws which control the parturient state. He recognized in the obstetrical one of the highest callings of the physician, and by precept and example taught the student what an elevated rank this department should assume among the sciences!

Beginning his course with a careful and painstaking description of the female pelvis, he explained each bone and each ligament which formed the basin wherein is supported and contained the organs of generation! He paid great attention to the several diameters of the pelvis, and by comparison with the diameters of the foetal head, he constructed his mechanism of labor, a knowledge of which is the basis of a successful obstetrical practice. He recommended as text-books the works of De-wees, Ramsbotham and Bandelocque, but especially insisted that the students take careful notes of his lectures, and be guided by the rules which he had formulated for their instruction. He was careful and minute in explaining every detail. Commencing with the pelvis, he took up the organs of generation, external and internal, and when he had finished his descriptions there was not a single omission of the least point! Having reached in his lectures the completion of his description of utero-gestation, he took up the stage of delivery, and began by teaching the student how the bed should be arranged upon which the patient would be confined! There were some very amusing incidents connected with his course of lectures, and the class was often prompted to give way to mirth or applause, but as promptly were they checked by the doctor with the reminder: "Gentlemen, you must remember we are all philosophers—medical philosophers—and the lecture room where you are being instructed in the noble profession of healing the sick and the afflicted is no place for levity or mirth!" Still, when we recall to mind the solemn and sage manner in which the old doctor taught us how to make the bed upon which "Mrs. Brid-

get McFlarrity" was to present her liege lord an heir and successor to the house of the McFlarrity's, even at this date we cannot suppress the smile which comes unbidden. The bed upon which Mrs. Bridget McFlarrity was to pass the trying hours of her travail was a miniature bed, with size sufficient for the doctor to show the class the proper way to prepare for a confinement. He carefully arranged the bed clothes, and spread and folded back the draw sheet, which he insisted should be laid in a very particular way, so that after the labor was over and the soiled clothes removed, it could be drawn down, and the patient find herself comfortably fixed upon the bed. He gave no instructions as to aseptic precautions, for in those days no one had ever heard of Lister or his microbes. Mrs. McFlarrity was a large-sized doll, and in appearance, with ruffled night cap, and other articles of dress, suggested a very recent arrival from the Emerald Isle; still, she served the purpose for which she was introduced to the class, and I doubt not that many times in after life the students have arranged beds for their patients according to the ideas of the doctor, as illustrated in the case of Mrs. McFlarrity!

His expositions of pelvic and head diameters he made with the greatest care upon the pelvis prepared with ligaments, and by the passage of the foetal skull. Then he illustrated the mechanism of labor upon the manikin, which was accurately prepared from the skeleton of a female and finished with kid, so as to clearly represent the actual patient. He was painstaking in his details, from the simplest labor to the most complex ditocia; nothing was omitted, nothing left undone or untaught, so that if the student was not prepared for the trials which were sure to come to him in after life, it would be his own, and not the doctor's fault! He laid much stress on instrumental labor, and illustrated his lectures with every form of instrument ever invented or ever used; but he was especially careful to put prominently forward the very great advantages which his own—the Hodge Long Forceps—had over all others. These forceps he had had made under his own eye, and after his own particular ideas, by J. Rorer & Sons, of Philadelphia, whom, he assured

the students, made them better and more correctly than any others whom he had found. The forceps have fewer faults than any others with which I am conversant, and I believe they are preferred by all old graduates of the University. When I was leaving the University the old doctor presented me with a set which he had used himself, and when he presented them to me he said: "Take these with you; you will need them some day, and when you do, remember how I have taught you to use them, and they will not fail you." Needless to say, I have followed his teaching, and altho' I have a large collection of all kinds of instruments, including various forms of forceps, foreign as well as domestic, the Hodge forceps have never disappointed my expectations. I have seen numbers of so-called Hodge forceps from the hands of various makers, but have never seen an exact counterpart of the original as made by Rorer and presented to me by the inventor, Dr. Hugh L. Hodge.

As a part of his course, the diseases of females were considered by the professor, but he had very little to say on this subject beyond special uterine affections; his whole mind seemed to dwell on uterine displacements, and especially the irritable uterus. He was especially particular in impressing the student with his views on this trouble—"the irritable uterus." He was careful in his teaching relative to displacements of the uterus, and his open and closed lever pessaries, the so-called horseshoe or sleigh pessary, were especially relied upon for support; he discountenanced all forms of abdominal supporters, and made his especial pessary the sine qua non for relief in all displacements other than flexions; this form he was inclined to relieve by intra uterine supports, by which the canal might be straightened. He made the "irritable uterus" the etiological factor in the majority of uterine troubles, and it was to this that he devoted the greater part of his lectures upon female diseases. He was so persistent in his assertions on this point that it gave rise to much amusement in the class. An instance will illustrate the impression he made upon the students, which was:

A rather witty student, who happened to be a very handy fellow with his pencil, made a large-size drawing upon the wall

of the lecture room, representing the doctor in the attitude of riding his hobby. The drawing, which was elegantly executed, showed the uterus with the fallopian tubes, broad ligaments and ovaries spread out to represent wings; upon the uterus was placed one of the closed lever pessaries, to represent a saddle, and astride of this sat the professor, mounted and booted, with a pair of huge Mexican spurs upon his heels, which he was vigorously applying to the sides of the uterus, with the intent of hastening its progress through space! The drawing was life-like, and no one who had ever seen the doctor could fail to recognize the likeness. Under the drawing was written in large letters: "Hodge on the Irritable Uterus!" When the doctor saw it, he was so much pleased with the execution and the wit of the artist that he ordered the janitor not to have it removed, but when the walls needed whitewashing, to be careful, and not let the drawing be disturbed or defaced. It remained on the walls for many years, and was there when the old building was pulled down to give place to the new postoffice, which was erected on the site of the old University, which was removed to its new buildings in West Philadelphia in or about the year 1874!

Dr. Hodge in person was not a large man, but of medium size. He had a large head, with much iron-gray hair, which he wore loosely thrown up, and apparently carelessly attended. He was very near-sighted, and his eyes were very small; he wore glasses all the time, and evidently had some ocular defect, which resulted in complete blindness before his death, which occurred about the year 1873. He always wore the regulation dress coat, and was faultlessly attired in black. He lectured from notes, and was graceful and emphatic in his delivery. He taught the "Science of Obstetrics," and was careful to teach it so that the class would comprehend every detail. He was exceedingly dignified in manner, and commanded the exclusive attention of his class; having the most profound respect for the professor, the class gave the closest attention, because the idea had gotten circulated that his branch was the most difficult to pass an examination upon, and that without his vote the candidate had little or no hope of receiving the degree.

How such an idea had become general, I am at a loss to comprehend, for of all the professors, his examination was the most lenient.

In my case, when I called at his house for examination, he received me with great courtesy, and after some general remarks about the weather, the class, etc., he said: "I have become quite accustomed to seeing you at my lectures, and I judge that you are posted upon my branch." He then asked me where I proposed to locate, and when I told him that I had not made up my mind as to where I would settle, for it would be some time before I would select a home, as I was going abroad to complete my studies, he remarked:

"You will find a good opening here in Philadelphia, and if you will settle here and devote yourself to obstetrics, you will do well, and I will be pleased to do anything in my power to establish you in a practice!"

That was exceedingly kind of the old gentleman, but as my tastes did not lie in that direction, I thanked him, and said I would consider the matter when the time came for me to select a place in which to practice. That was the extent of his examination, and he evidently judged of my obstetrical knowledge by having noticed that I was a very regular attendant upon his lectures and a close note-taker of what he had to say!

Whilst in Paris he wrote and requested me to select a rather large collection of obstetrical preparations which he wished, and indicated a collection of deformed pelves, which I purchased and sent to America. Unfortunately, they reached Philadelphia in a damaged condition, owing to a leak in the vessel whilst in transit from Havre. I believe they were repaired, and if I am not mistaken, they were placed in the museum of the University by his son, Hugh Lenox Hodge, after his father's death!

I do not consider I am saying too much when I say that Dr. H. L. Hodge was probably the most distinguished professor of obstetrics which to this day America has produced.

(Faculty concluded in the next issue.)

EXOPHTHALMIC GOITRE.**By J. B. KILLEBREW, M. D.,****TUSKALOOSA, ALA.,****Assistant Physician Alabama-Bryce Insane Hospital.**

This is a nervous affection of very rare occurrence, and my only excuse for drawing attention to it is the fact that a great many medical colleges of the country do not consider it at all in their course, and others touch upon it so slightly that as a result the ordinary general practitioner rarely ever recognizes a case of it when he sees it. There have been several cases of this disease admitted to this institution, but in only one of them was it diagnosed before admittance. There is no difficulty, usually, in diagnosing a typical case, but, in this as in a great many other diseases, typical cases are rare and it is often a very hard matter to say just what the trouble is. We had one fairly typical case of exophthalmic goitre admitted here in October, 1896, in which no diagnosis had been made, which proves that some physicians know so little about the disease that they do not even recognize cases so typical there should be no difficulty about it.

Very little is known of the etiology of the disease except that it occurs far more frequently in women than it does in men. and seems frequently to follow periods of worry, fright and mental emotions. The age of onset is usually about 30 years. Several members of the same family have occasionally been affected.

Acute and chronic forms of the disease have been described. In the former, the onset is sudden, development rapid and the disease terminates within a few days either in recovery or death. It is of such rare occurrence that it is not necessary to consider it further. The chronic form is the one to which I wish to call attention.

There are three cardinal symptoms of this disease—cardiac

disturbances, enlargement of the thyroid gland and exophthalmos. When all three of these symptoms are present there should be no difficulty whatever in determining what the existing disease is, but it is an extremely rare occurrence to find all three of them present in any case. The cardiac disturbances are almost without exception present; without them the diagnosis of exophthalmic goitre cannot be made with certainty. Frequently the enlargement of the thyroid gland is absent, and still more frequently is the exophthalmos wanting.

As stated above, the cardiac disturbances must be present to some degree to make the diagnosis at all certain, although they vary very much in intensity. The heart's action is increased in rapidity which varies from a little above normal to 150 or in severe cases to 200 beats per minute. Physical exertion and mental emotion cause a quickening of its action. It is usually violent and excited. The sounds are greatly accentuated and are frequently heard distinctly over the greater portion of the chest and along the great arteries of the neck. Murmurs are frequently heard which vary greatly in character and point of greatest intensity. They may be soft and heard best over the base of the heart or they may be loud and rasping and heard best over the carotids; sometimes more distinctly over one carotid than the other. The carotids, subclavians and abdominal aorta are seen to pulsate very perceptibly, if not violently, and the patient is very much annoyed by feeling them throb. This pulsation is nearly always distinctly seen, even though the patient is perfectly quiet and has not recently exerted herself. A loud bruit de diable is heard over the thyroid gland and the large veins of the neck and upper extremities. The radial pulse is weak, even though the heart's impulse is exaggerated. The apex beat is usually seen and at first is most often found to be at its normal position, but in old cases there may be some enlargement of the heart from its persistent violent action, and as a result the apex beat is displaced. An apical thrill is usually felt with each beat.

There is usually some vaso-motor disturbance, which is most

marked with the exacerbation of the other symptoms causing a dilatation of the superficial capillaries, and as a result hyperæmia of the skin. The parts of the body usually affected in this way are the face, neck, upper extremities and upper part of the chest.

There are sometimes associated with the cardiac derangements certain respiratory disturbances. The respirations are shallow and hurried and the patient complains of "shortness of breath."

The next most frequent of the cardinal symptoms present is the enlargement of the thyroid gland. This usually follows the cardiac disturbances, is usually slow in growth and varies considerably in size. It is frequently not present at all in cases of undoubted exophthalmic goitre, and it is very rare indeed that the enlargement is very great, though it is usually quite perceptible. Both lobes of the gland may be equally enlarged, but usually it is not symmetrical. The gland at first is soft, is seen to pulsate and a thrill is felt on palpation. As above stated, on auscultation a loud systolic murmur or a bruit de diable is heard. At first the enlargement is due to the dilatation of the arteries and veins it contains, and is soft to the touch, but later, on account of the increased blood supply, hyperplasia of the fibrous tissue occurs and it becomes more firm.

Exophthalmos, the next and last of the cardinal symptoms, is frequently absent or present to such a slight degree that it is difficult to say whether there is any protrusion of the eye balls or not. This symptom usually comes on at about the same time that the thyroid gland begins to become enlarged. When the exophthalmos is marked it is readily recognized by the protrusion of the balls, which fact prevents the lids from covering the sclerotic above and below the cornea. This protrusion gives the patient a peculiar staring expression. Graefe's sign, which is that the upper lid does not follow the ball in its movements up and down, is not always present. In fact, it is not often seen. The pupils are usually widely di-

lated. Vision is not in the majority of cases impaired. When the retina is examined with an ophthalmoscope the veins are often seen to be enlarged and tortuous. Pulsation of the retinal artery is sometimes seen.

There are numerous other symptoms of minor importance thalamic goitre as any of the preceding, and is of considerable diagnostic value, especially when taken in connection with any of those above described, that is a fine involuntary tremor. seen best in the hand when the fingers are spread out. It resembles very much that seen in paralysis agitans. Some authors lay considerable stress upon its diagnostic value, while others do not even mention it. It was present in every case I have seen. It varies with the intensity of the other symptoms. Mental irritability and depression are frequently seen.

There are numerous other symptoms of minor importance which have very little diagnostic value when taken alone, but will give some aid when taken in connection with those above named. Among these may be mentioned nausea, vomiting, diarrhoea, usually chronic in character, anæmia, general muscular weakness, pigmentation of the skin, diminution of electrical resistance, occasionally fever, etc., etc.

Quite a number of pathological changes have been described in this disease, but none of them have been found to be constantly present. The general opinion at one time seems to have been that the lesion was in the sympathetic nervous system; but of late years the theory that the primary changes were in the thyroid gland, which changes caused a disturbance of its function, which disturbances caused either an increase in the amount of thyroid secretion or an alteration in its composition, has become quite popular. It is claimed by the advocates of this theory that the increased amount, or the altered character of the secretion, acted as a poison upon the system, producing secondarily the nervous phenomena.

The prognosis of the disease as to recovery is bad, but as to life it is good, as it does not seem to have any effect upon the length of life. Some cases have no doubt entirely recovered

from this disease, but they are rare. A great many cases have, after a variable length of time, shown marked improvement.

There are no drugs which have any effect upon the course of the disease. The use of electricity in the form of the galvanic current, one electrode over the nucha and the other over the thyroid gland and sides of the neck, seems to have given greater benefit than any other treatment. It does not matter which way the electrodes are placed. The positive one may be placed over the nucha and the negative over the thyroid and side of neck, or vice versa, or they may be alternated. After the use of electricity the best method is to treat symptoms as they arise. If anæmia is present some preparation of iron may be beneficial. For controlling the action of the heart aconite, veratrum viride, digitalis, strophanthus, ergot, belladonna and a number of other drugs have been recommended by different authors as being efficient. Along with any treatment the patient should be given both mental and physical rest and placed in the very best hygienic surroundings.

Appended hereto are reports of two cases fairly typical and a third in which the diagnosis is doubtful.

1. A white woman, aged 29, general state of nutrition fairly good. There were light brown spots scattered over body and limbs, also spots abnormally pale. She was very nervous and her hands showed an involuntary tremor. The heart action was rapid, varying between 95 and 130 per minute, increased upon exertion. There was a distinct pulsation of thyroid gland and carotids, and a thrill was felt with each impulse. A loud bruit de diable was heard along the side of the neck, more especially the left side, along the sternum and over the thyroid. She complained very much of general weakness and of the throbbing of the arteries. There was quite a perceptible enlargement of the thyroid, the right lobe being considerably larger than the left. It was rather soft to the touch. It was doubtful whether there was any exophthalmos present or not. If present it was very slight. Graefe sign absent. No dyspnœa or distress. There was quite a diminution in the electrical re-

sistance. She suffered from a chronic diarrhœa, her bowels moving from five to fifteen times a day. She said she "had suffered from diarrhœa ten years, had been nervous for two years," and "her neck had been enlarged one year only." While admitted here as an insane person, there was not enough mental aberration upon admission to justify such a diagnosis, although there was considerable mental depression. She had no fever during the time she was under observation.

In the treatment of this case the galvanic current was used daily. One electrode was placed on the nucha and the other at different points along the side of the neck and over the thyroid gland. The electrodes were alternated. The strength of current used was from 1 to 5 milliamperes, and was applied from 10 to 20 minutes at each sitting. Along with this she was given tonics to build up the general system, and other symptoms were treated as they arose. For the diarrhœa a mixture consisting of tincture of opium, sub-nitrate of bismuth and tincture of kino was given first, but as it did no good was discontinued and an enema of iced water once a day was substituted, which appeared to give some relief. She improved rapidly and after being here under treatment for seven weeks she was sent home greatly improved. The nervousness was greatly lessened, heart action less rapid and violent, murmurs less loud and diffuse, and mental state restored to normal.

2. White female, aged 26. General physical condition poor. Was pale and much emaciated. Her heart was at all times more rapid than normal, and at times would run up to 150 or more beats per minute; was weak and at times irregular. There was no enlargement of the heart, but a sharp, loud, blowing murmur was heard with the first sound at the apex. It was not widely diffused. A loud venous hum—bruit de diable—was heard over the great vessels of the neck. At intervals with an exacerbation of the heart symptoms she would have considerable elevation of temperature. Upon exertion she would have dyspnœa. There was very little if any enlargement of the thyroid gland and no perceptible exophthalmos. The mental aber-

ration in this case was sufficient to justify the diagnosis of insanity.

It is impossible from recorded history to give the treatment or course of this case except that she was given tonics to keep up her general health, in spite of which she slowly but gradually became weaker and more emaciated, and eleven years after the beginning of the exophthalmic goitre she died of marasmus.

3. White woman, aged 50, well nourished. Usually she shows very little signs of nervous affection, but at intervals of variable length she will go to bed and show the following symptoms: dyspnœa, palpitation with vaso-motor disorder ("hot flushes"). When suffering from "shortness of breath" almost the entire surface of the body, more especially the face, neck and upper part of the chest, assumes a reddish hue. Heart action is usually regular, rather fast, sounds heard distinctly over the greater portion of the chest. The radial pulse is weak, although the heart's impulse is exaggerated. Over the sternum and along each edge of it as far down as the fourth intercostal space, both a systolic and diastolic murmur is heard. The systolic murmur is heard loudest at the right edge of the sternum in second intercostal space; the diastolic at left edge of sternum in the third space. She shows much nervous tremor at these times in hands and head somewhat similar to that seen in paralysis agitans. The pupils are widely dilated and she suffers considerably from headache and "sick stomach." She has at all times considerable mental dullness and depression which is increased at these periods, but it is doubtful if it is ever great enough to amount to insanity. There is no enlargement of the thyroid and only slight exophthalmos. These symptoms usually come on when she is suffering from constipation and are relieved by the administration of a good cathartic.

It is difficult to find a suitable name for this nervous condition, but certainly the heart murmurs, rapid action and at times sympathetic disorders and flushing of the skin, nervous tremor and dilatation of the pupils indicate exophthalmic goitre. If

all these symptoms were constantly present I should not hesitate to call it exophthalmic goitre, but as they only come on periodically, and when the patient is constipated, it makes such a diagnosis doubtful.

AVULSION OF THE UTERUS AND ADNEXA; RECOVERY.

The following case of avulsion of the uterus is reported by Dr. E. Hickson Smith in the London Lancet. The recital is substantially thus: The patient gave birth to a child while on her hands and knees on the floor. The midwife some two hours afterward, having separated the child, etc., found a lump protruding which she mistook for the head of another child, and pulled upon it for three-quarters of an hour until she had dragged it away. Dr. Smith on arrival found an inverted uterus, which he turned back again. This proved to be the whole of the uterus and cervix, with its peritoneal covering and one broad ligament with fallopian tube, but minus the ovary. The broad ligament of the other side was congenitally absent. On inserting the finger into the vagina, it moved freely about among the intestines, and the absence of the uterus and cervix was distinctly apparent. Hemorrhage was slight. To avoid prolapse of the bowels and general peritonitis, recourse was had to decubitus, an antiseptic plug, morphia and a strictly milk diet. The peritoneum closed up and the top of the vagina cicatrized over, the patient being able to go about in three weeks. Three months later a professional call found her in her usual health, and the vagina a cul-de-sac.

**Department of Mental and Nervous Diseases
and Electrotherapeutics.**

IN CHARGE OF

E. D. BONDURANT, M.D.,

MOBILE, ALA.

Professor of Nervous and Mental Diseases in the Medical College of
Alabama.

The Newer Pathology and Treatment of Locomotor Ataxia.

During the past decade there has been a rapid and far reaching advance in all departments of neurological science, but in none have the additions to the sum of our knowledge been greater than in the domain of *neuro-physiology* and pathology, for which we are indebted to Golgi, Cajal, Nissl, Duval, Lepine, Schaefer, Waldeyer, Gowers, Andriezen, Dercum, Starr, Hodge, Berkley and others

As a part of the advance in knowledge of the pathology of nervous disease has come a revised and greatly improved conception of the nature and pathology of locomotor ataxia. Until within recent years this disease, or "posterior spinal sclerosis," was held to consist in a species of chronic inflammatory process located in the posterior columns of the cord, attended by exudation of plastic lymph, round celled infiltration of the neuroglia, proliferation of connective tissue elements, etc., the nerve fibres being, it was supposed, injured secondarily by the pressure of the organized and contracting cicatricial tissue. The researches of Marinesco, Sherrington, Batten and others, taken in connection with previously existing clinical and pathological evidences, appear to show conclusively that tabes is not of inflammatory origin, nor its primary lesions located in the glia structures, but that it is a primary degeneration of the *sensory* neurons, the degenerative change beginning at the peripheral terminations of the neuraxons, the "sclerosis" in the posterior columns of the spinal cord, heretofore believed to be the essential feature of the disease, being a late sequel of preceding death of the nerve fibrils.

This subject is interestingly dealt with by Dr. W. F. Langdon, of Cincinnati, in a paper recently published in the *Lancet Clinic*.

Dr. Langdon especially emphasizes the fact that the "newer pathology" holds out some hope to the tabetic, and removes locomotor ataxia from the list of incurable affections. While the peripheral sensory neuron is, as a whole, lowered in its nutritional activity, there is good reason to believe that the actual destructive changes always begin at the endings (terminal arborizations) of the neuraxons—i. e., in that portion of the neuron farthest removed from the trophic centre, the cell body.

The destructive changes may remain limited to these regions for a variable time after the typical symptoms of tabes are present, and at any time during this period and prior to the death of the neuron-body, arrest of the degenerative process, or even a certain amount of regeneration, is theoretically possible, such arrest and regeneration being continually seen in the several forms of peripheral neuritis. Dr. Langdon expresses the opinion that most cases not bedridden are susceptible of distinct improvement, although the earlier the diagnosis is made the better the prospects for the patient. In many cases the improvement is so great as to constitute a practical cure. The cases with bladder complications are the most difficult to benefit, but even these are rarely hopeless.

As to treatment, it is remarked that the old idea of giving alteratives for their absorbent effect upon cicatricial tissue is giving way to measures addressed toward improving the nutrition of the neuron.

Rest in bed is a valuable measure. The patient should sleep much and work little. Where complete rest is not practicable a few extra hours daily in the horizontal position is advised.

The diet should be liberal—meats, fats, milk, fruits, with water in abundance, but a minimum allowance of starches and sugars. Alcohol and other stimulants are to be prohibited. Warm clothing should be worn, and the patient should, if possible, spend his winters in a warm climate. Measures directed to the elimination of auto-toxines by the skin, kidneys and bowels should be instituted. Drugs of greater or less nutritional value should be employed, as iron, phosphorus, cod liver oil, with tonics, as strychnia. For the lightening pains, Gowers recommends

aluminium chloride. Opiates had better be avoided. Electricity is of distinct value in a large proportion of cases, the most desirable form being that current of high potential, rapid alternation and small amperage known as the "sinusoidal," given by means of foot plate and neck electrode for five to fifteen minutes every alternate day for six weeks. Ordinary faradism is useless; galvanism is preferable, although not so valuable as the sinusoidal current. Cases treated by the foregoing methods have been under observation for nearly two years without return of pains or ataxia. All cases are improved, some more than others, depending upon the stage and extent of the disease.

The Care of the Insane in Private Practice.

Under this heading Dr. Coe, in the Journal of the American Medical Association, contends strongly for the treatment of acute first attacks of insanity outside of the walls of insane asylums. While acknowledging the advantages in certain cases among the "penniless, friendless, homeless insane" of early treatment in an asylum, it is argued that a large proportion of those suffering from acute and curable forms of insanity may be as well or better cared for and treated in private practice, and should have the opportunity given them of going through life without the consciousness in self or knowledge on the part of the public that they have been inmates of an institution for the care of the insane. The details of treatment suggested embody little that is new or novel, being simply a recapitulation of methods already familiar to all who have turned their attention to the treatment of insane cases, such as removal from home and the injurious influence of familiar surroundings and habits of life, as well as of over-solicitous relatives and friends; isolation in some cases; the systematic use of electricity; removal of complicating pelvic disorders, or other source of irritation; relief of any existing condition of auto-intoxication; care in diet, etc. Of hypnotics it is said that they should be "given cautiously, pushed vigorously if needed, but avoided when possible." Among drugs of this class preference is given to trional. No mention is made of massage, hydrotherapeutics nor the rest cure.

For the treatment of the acute, curable, indigent, insane class,

Dr. Coe would establish small county or district asylums, from which such cases as proved chronic and incurable could be from time to time transferred to a large State institution. This suggestion, however, will not meet with the approval of a majority of those who have given any thought to the problem, the first and sufficient objection being the great cost of numerous small institutions, if these smaller institutions are to be conducted on the same high plane now occupied by the State hospitals.

There still lingers among the ignorant and uninformed, and to a lesser degree among a certain class of medical men, including some neurologists, a quite unreasonable prejudice against the large State hospitals for the insane, a prejudice based upon, and mayhap to some extent justified by, the treatment (or lack of treatment) accorded the inmates of the asylums of fifty years ago. The asylum of the first half of this century has now been displaced by the hospital—"hospital" in fact, as well as in name—with its especially trained, enthusiastic and progressive medical staff, its corps of trained nurses and its modern therapeutic and industrial methods; and it is extremely doubtful if the results obtained in them in the cure of acute and the benefit to chronic cases of insanity can be surpassed, if equalled, in the smaller private hospitals or in private practice.

Nevertheless, recognizing this deep-rooted prejudice, and the consequent injury to the individual which results from even the briefest residence in an asylum, although this residence may terminate in complete recovery, it must be said that to these hospitals are now sent many cases which, in justice to the patient, should be otherwise dealt with. It is not necessary to send typhoid fever patients, who show marked delirium, to the insane hospital; nor patients suffering from delirium in the last stage of acute miliary tuberculosis, nor patients showing acute mental confusion as a result of uræmic poisoning; nor cases of delirium tremens; nor cases of simple melancholia; nor cases of neurasthenia; nor opium, cocaine and alcohol habitues, although examples of such commitments are not infrequent. All such cases, while they may, if insanity be regarded as coextensive with mental aberration, be regarded as "insane," can be as well cared for

outside of insane asylums, as can undoubtedly many of the acute forms of insanity proper.

The objections to the private treatment of mental disorders are the cost, which in case of the poorest class may prove insurmountable, and the difficulty in obtaining a medical attendant who is familiar with the treatment of this class of diseases, a state of affairs for which the medical schools and State examining boards are chiefly responsible, since they grant diplomas and license to practice medicine to those who have had no, or the most inadequate, instruction, and no experience in this most important class of diseases. Assuming a knowledge of the subject on the part of the medical attendant, with competent nursing, we would agree with Dr. Coe that almost any case of acute insanity could be treated as well and as successfully outside of insane hospitals.

We are just informed that the Magazine of Medicine, formerly the Moody, after its brilliant but brief career, has yielded up its gentle spirit, and thus another is added to the long list of journals that have passed in the night. The "Innovation in Current Medical Literature," which was proclaimed as the drawing card of this particular "magazine," did not draw. The most striking feature of this "innovation" appeared to be the infinite variety of matter which was offered, no doubt to satisfy the widely different tastes of its many readers. Its "departments" included a vast field of human activity; medicine (regular, homœopathic, eclectic and quack), literature, science, insurance, railroads, household, and others which we have forgotten. Two other important "innovations" were the monthly praises of Ingersollism and the home-made poetry by the editor. We do not know which contributed more to the fatal ending.

The Moody Magazine of Medicine began, as others have begun, with an I-came-I-saw-I-conquered flourish, its especially appointed mission being to give light to the "rank and file of the profession." A part of this ambition was nobly attained. It was certainly rank. However, it is dead. After life's fitful fever may it sleep well. We may never look upon its like again. *Hinc illæ lacrimæ.*—Atlanta Medical and Surgical Journal.

Department of Eye, Ear, Nose and Throat.

BY RUFFIN A. WRIGHT, M. D.,

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A New Treatment for Trachoma.

The "Centrablatt für praktische Augenheilkunde" for August contains an article on the iodine treatment of trachoma that should prove most interesting to the general practitioner, as well as to the specialist.

The author, Dr. Nesnamoff of Charkow, claims that all recent cases of trachoma and of follicular conjunctivitis can be completely cured, and chronic cases of trachoma cured sufficiently to prevent recurrence or complications, by the use of iodine solutions.

His statements are supported by the observations of Leber, Sawvitschinski and Jakowleff. The latter is an army surgeon who reports 144 cases of trachoma treated by the iodine method, with fifty complete recoveries, without scarring, while all of the rest were very markedly improved.

The author recommends the use of iodine dissolved in glycerine or white vaseline oil, at first in one-half per cent solution, later in greater strength, up to 4 per cent, or even 5 per cent solutions.

Iodine is soluble only one and a half per cent in glycerine or vaseline oil. For stronger glycerine solutions sufficient alcohol, and for the oily sulphuric ether must be added to completely dissolve it.

The following is a free translation of the practical application of the remedy as described by the author:

"If the trachoma has already affected the upper lid I evert the latter, and while I protect the cornea with it, I brush the conjunctiva carefully two or three times, for which purpose I use a bit of absorbent cotton impregnated with the iodine solution.

"If the eye is very irritable or when, on eversion of the lid, profuse lacrymation occurs, it is necessary first to dry the con-

conjunctiva as carefully as possible. After the brushing it is most important to hold the lids everted for some moments, until the yellow or brownish discoloration has disappeared, in order that the iodine not yet absorbed may not come in contact with the superficial layer of the intact cornea, and may not combine with the tears, for the presence of sodium chloride in the lacrymal secretion destroys the action of pure iodine in that it forms sodium iodide.

"Applications of this kind must be made daily, if possible, even twice daily. If the patient bears well a 1 per cent solution, and complains of no discomfort, the strength must be gradually increased to a 3 or 4 per cent solution. If the chronic dry trachoma is complicated with a catarrh, the latter forms no contraindication to further usage of the iodine solution."

He states further "that complete restitution of the conjunctiva to its normal condition, without scar formation, can be effected by this treatment in from three weeks to three months, according to the severity of the disease in all cases of fresh follicular trachoma.

"Iodine treatment is contraindicated only in the inflammatory stage, where the conjunctiva is greatly swollen and œdematous, and where there is marked hyperæmia with excessive lacrymation."

The author summarizes Jakowleff's conclusions as follows:

"1. Every form of trachoma can be cured by long continued use of a solution of iodine in white vaselene oil. .

"2. While this solution influences the trachoma favorably, the pannus trachomatosa is also healed.

"3. Stronger solutions act more energetically, produce an irritation, on which account one cannot daily brush with such solutions.

"4. The trachomatous scars, under the effect of this remedy, become so altered that they produce no irritation of the cornea, and no further inflammation. There probably occurs a regeneration of the conjunctiva, because the former scar covered surface becomes smooth and shining, receives fine vessels, in short makes the impression of a normal conjunctiva.

"5. This remedy acts excellently, not only in trachoma, but in all conjunctival diseases with scattered papillary growths."

There seems to be good reason to believe that this new therapy for trachoma is worthy of trial. That it prove merely another excellent method, and be permanently added to the armamentarium of the ophthalmologist, is almost more than could be hoped. If it accomplishes what is claimed for it by its originator it will prove a boon to both physician and patient, for by no treatment now in common use can complete restoration of the conjunctiva be accomplished without leaving behind more or less scarring.

Non-Operative Treatment of Chronic Suppurative Diseases of the Antrum and Vault of the Tympanum.

It is pleasant in this day of radical operative measures run wild to find a bit of conservatism from a progressive, authoritative source.

Albert H. Buck in the Medical Record of September 25, gives some timely advice to those who believe that every chronic suppurative middle ear disease demands immediate operative interference.

The rage for the radical mastoid operation and ossiculectomy is growing. It bids fair to rival the ovariectomy epidemic which occurred with such severity during the past decade.

Buck's method of thoroughly and systematically cleansing and disinfecting the middle ear with hydrogen peroxide before resorting to operative measures is commendable, unless, as he says, symptoms occur which render immediate operation advisable. Even here one cannot exert too great caution. This was most forcibly impressed on me by a case I observed in a noted clinic. The patient, a woman about 35 years old, was admitted to the clinic Saturday afternoon. She gave a history of former acute middle ear disease. Slight chronic suppurative discharge still existed. She complained of severe headache. There was tenderness and redness over the mastoid process, temperature ranging above 104 degrees.

Diagnosis: Beginning sinus phlebitis from pressure necrosis

of cholesteatomata. Case very clear, diagnosed by first assistant, a man of five or six years experience, concurrence by the professor, a most eminent authority. Schwartz's radical mastoid operation was performed about 9:30 the next Sunday morning. A small cholesteatomous mass was found in the mastoid cells; sinus laid bare, appeared normal, no signs of inflammation; attic roof opened, meninges laid bare, also normal; strange that so very small a cholesteatoma should have produced such intense constitutional symptoms; case rather puzzling.

About four hours later the patient exhibited a well developed erysipelas of the scalp and neck, extending over the mastoid process. Remarkable to relate, she made a good recovery, in spite of the direct access to the membranes enclosing the brain.

There is no criticism to make. The error might occur in any one's diagnosis. Many other cases of like symptoms were operated upon, the diagnosis confirmed and the patient's life saved.

Still the observation of one such case is sufficient to produce a wholesome caution.

This same professor decried the use of hydrogen peroxide in chronic suppurative otitis media. He said that in his hands it scarcely warranted the encomiums that it received from other sources. I watched with curiosity his method of application. The loosely stopped pint bottle of hydrogen peroxide sat on a table between two gas argand burners; it had remained in this position certainly for several weeks. He poured a little in a teaspoon, warmed it over a gas lamp and dropped it into the patient's ear, remarking: "I merely show you, gentlemen, the method of using this remedy. I do not expect from it any very gratifying results." His expectations were not disappointed.

The removal of the ossicles and Stacke's operation also have certain well defined indications, when their performance is not only justifiable, but necessary. The radical mastoid operation is often indicated, and at times imperatively demanded, but the indiscriminate resort to operative procedure before giving milder means a fair trial brings specialism into disrepute and cannot be too greatly deplored.

Holocaine, a New Local Anæsthetic.

New local anæsthetics, produced synthetically, with the view of replacing cocaine, are rapidly being brought to public notice. The latest of this class, following close in the wake of eucaine A and B, is holocaine. Chemically, holocaine is the hydrochlorate of p. Diethoxyethenyldiphenylamidin.

The following reports on its use from the *Centralblatt* for August and September may prove of interest:

Heinz and Schlosser state "that a one-half to a one per cent solution of holocaine instilled into the eye produces complete anæsthesia. There ensues a moderate hyperæmia and burning, which lasts from thirty to forty seconds; as this ceases anæsthesia begins, with a 0.5 per cent solution anæsthesia lasts from five to eight minutes, with a 1 per cent solution at least ten minutes. It differs from cocaine in that it possesses antiseptic properties, acts quicker, thereby lessening danger of corneal lesion, and that it is free from every after effect."

Dr. Winselman reports a case of simultaneous tenotomy of both eyes. "One per cent holocaine was dropped in the right eye, cocaine 3 per cent in the left. In the right eye hemorrhage and pain were less, dilatation of the pupil did not occur, nor was accommodation influenced. The drying of the superficial corneal layers and desquamation of epithelium as often occurs with cocaine, was never observed."

On the other hand, Dr. Emil Back, after using holocaine with good results in seventeen cases, including extraction of foreign bodies from the cornea, iridectomy and cataract operations, reports unpleasant results in his eighteenth case, in which he used holocaine with the intention of performing a cataract extraction, twelve days after having done a double iridectomy under cocaine.

The patient had been treated, two weeks prior to the first operation, for a conjunctival catarrh, which recurred and was again treated after the iridectomies.

"On instilling the holocaine tension and pupil remained unchanged, but the conjunctiva was strongly reddened, fixed immovably on the sclera, in its under half dry and dull, and thrown

into several irregular folds. The superficial layer was light gray; it appeared as tissue that has lain a short while in alcohol. The ridges of the folds looked precisely as asbestos. The cornea was punctate, smokily opaque; at its edge was a ring-shaped, quite small, thick gray opacity. Palpebral conjunctiva unaltered. No discharge. The patient complained of severe pain.

"The cornea cleared up and resumed its lustre in half an hour, the superficial layer of the conjunctiva sloughed away in a day or two. Of course the operation was deferred."

After such a report holocaine as a local anæsthetic must be used with extreme caution, and not yet be accepted as a substitute for cocaine. Doubtless other unfavorable reports will follow, as is always the case with new remedies, whose absolutely safe qualities are at first so confidently vaunted.

Over in an Alabama town, where the shotgun quarantine is in force, a physician was called to see a patient about three miles in the country. When he started home he was met by a shotgun committee and will be held in detention camp until frost.

An interesting class are the refugees who try to convince themselves that they are not refugeeing from the plague. I was talking to a man who had been among the first to leave a certain town when the fever broke out, bringing his family with him. He had left his business to take care of itself, and yet he denied that he was a refugee.

"I don't believe there is any yellow fever in my town," he said. "This fellow Guiteras is talking through his hat."

"Why did you leave?" I asked.

"I wanted to give my family an outing," he replied glibly, "so I just packed up and came here. I have friends in Atlanta and it is very pleasant here. Oh, no; I wasn't a bit afraid. Of course, the others got a little excited. That's one reason I brought them away."

"Have many people left your town?"

"Only a certain class of them."

"What class is that?"

"Most all of those who could get away. The stay-at-home club is composed of those who couldn't."—Atlanta Medical and Surgical Journal.

Gynecology and Abdominal Surgery.

IN CHARGE OF

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Surgery and Facts.

Dr. J. F. W. Ross (American Journal of Obstetrics) says:

There are several procedures about which my mind is as yet in an unsettled state. There are two operations performed that I think are of doubtful value—namely, the fastening of the kidney to the side, and the fastening of a uterus anywhere. I consider that these operations have been recklessly performed and unnecessarily done. Whether they should ever be performed will be decided by future generations, if not by the present one. I have satisfied myself of the fact that a kidney can be firmly fixed if suppuration is produced, but I do not believe that the uterus can be permanently fixed unless a severe grade of inflammation, that may be dangerous to life, is produced. By fixing the uterus I consider that the physical laws of nature are outraged.

Nephrorrhaphy was discussed last year, but to my mind the discussion was not a satisfactory one. I have read it carefully. Regarding the advisability of removing the uterus in septic diseases in the pelvis, there will be a good deal said about this subject. There may be considerable misunderstanding; the advocates of total ablation by the vaginal route have not expressed themselves with that amount of clearness that could have been desired. They have written as enthusiasts write. There are undoubtedly cases in which the uterus may be riddled with abscesses, but such cases are rare. That the uterus has been unnecessarily removed in many of these cases will, I think, be the common verdict. That the vaginal route has certain advantages cannot be denied; this route has been used for years in opening pelvic abscess, suppurating ectopic gestation, ovarian abscess in which the patients have been so debilitated by prolonged suppuration that they are unable to withstand the shock

of any attempt to remove the diseased mass through the anterior abdominal wall. These cul-de-sac operations, however, have been improved as a consequence of the attention that has been drawn to them. A bold operation is now done in place of the timid puncture with a curved trocar.

Operations to which more thought must be given are those for intra-abdominal and intrapelvic cancer. When peritoneal cancer has been diagnosed, surely exploratory operation is uncalled for. Exploratory operation should become less and less frequent as we perfect our methods of diagnosis.

Operations for other forms of cancer are of questionable utility. Take, for instance, resection of cancerous intestine, gastro-enterostomy for pyloric cancer, removal of the uterus for uterine cancer. Gastro-enterostomy and resection of intestine are poor makeshifts. For carcinoma uteri, vaginal hysterectomy is the only operation that should be contemplated, but at best it prolongs life but for a short time.

I am afraid that many rash statements in regard to the after-results of this operation have gone forth to the profession from many associations. I have frequently performed vaginal hysterectomy for cancer of the cervix uteri. On two occasions I have removed the uterus for malignant adenoma confined to the body, without any implication of more than the mucous and a small portion of the muscular coat, without any appearance of implication of the peritoneum, and in each case the disease has returned within less than eighteen months after the original operation.

Surgery of the Biliary Ducts.

(Remarks by W. E. B. Davis in the discussion of Dr. Cartledge's paper at the Nashville meeting of the Southern Surgical and Gynecological Association.)

The surgery of the gall bladder for stone, as has been stated, has given brilliant results, and I think we may safely say that the questions in regard to the surgery of the gall bladder are about settled; in fact, we have gone but little beyond what was done by Marion Sims, but it is not so with the surgery of the

ducts. There are questions in regard to operative procedures on the ducts that are not settled, and my remarks will be addressed to the case reported by Dr. Cartledge, in which he operated on the common duct. I do not believe that he referred to cholecystostomy as being the choice of operation in a case where the obstruction of the common duct could not be removed. He must have had in mind the procedure advocated by Dr. Murphy of cholecystenterostomy for stone in the gall bladder where there is no obstruction in the duct. Murphy for a while resorted to cholecystenterostomy in such cases, instead of cholecystostomy. I do not believe the essayist intended to convey the idea that he would not do cholecystenterostomy where there is obstruction in the duct that cannot be removed.

To Dr. Gaston more than any other man in this country are we indebted for advancement along this line. His experimental work is well known to you, and need not be referred to here.

I think the procedure of stitching the duct recommended by Dr. Cartledge, and resorted to in his case of stone in the common duct, is unnecessary. Cases of cholemia are bad ones to operate on. Fortunately, obstruction in the common duct is rare. In only a small per cent of the cases of gall stones is obstruction found in the common duct, perhaps in not more than five or six per cent. However, these are the cases that cause a great deal of trouble and give rise to a large mortality. Some of the cases in which the surgeon thinks that the patient has just passed the last stone, are instances of movable stone in the common duct, as has been pointed out by Fenger of Chicago. It will produce cholic; bile will flow, and you feel that the patient has passed a stone. When you operate you find that the stone can be moved to all parts of the duct. As stated, operation in a case of obstruction of the common duct is very serious where there is marked jaundice, and the operation of stitching up the duct is a slow, tedious procedure, one that requires much time and greatly endangers the life of the patient.

Some years ago I made experiments to demonstrate that we could incise the duct and drain the bile with gauze without causing general peritonitis. I made these experiments to ascer-

tain the effect it might have on operations for stone in the ducts. A paper on this subject was read by me in 1892 before the American Medical Association. Since that time I have still further experimented, and operations have been done by Dr. Gaston and others in which stitches were not used after the stone was removed from the duct, and while a number of these cases have died, because they were nearly dead from cholemia before operation, yet in the cases in which this method has been used the abdominal cavity has been walled off, and peritonitis has not resulted from the operation. This operation can be done very quickly; it only requires a few minutes. You reach the duct, incise it on the finger, remove the stone, introduce a glass drainage tube, pack gauze around it, and the operation is completed. In a large number of dogs on which I have operated in this way the results were good. It seems to me, if this is a safe procedure, it should be adopted in operating for stone in the common duct. Normal bile will cause peritonitis, and my experiments have shown that what would apply in cases of normal bile would apply in cases of gall stone. My experiments demonstrated, as has been shown by others, that normal bile may produce death from peritonitis in from thirty-six to forty-eight hours, if there is no drainage. Sometimes it requires a longer time. It acts as a chemical irritant.

Dr. George S. Brown of Birmingham offered the following at Selma, at the last meeting of the State Association:

"Resolved, That Articles 12, 13, 14, 15 and 16 of Section 5 of the Constitution of the Medical Association of the State of Alabama, be so amended as to provide that all counsellors, delegates and members shall have equal voice and vote in the discussion and settlement of all matters pertaining to science, business, legislation or anything else which may effect the welfare of this Association in any of its relations or responsibilities or of the medical profession in this State, or in its broader duties to humanity.

"Resolved, That the dues of counsellors and members be fixed at the equal rate of two dollars (\$2.00) each per annum."

Ordered laid over until the next meeting.

Clinical and Society Reports.

IN CHARGE OF

B. L. WYMAN, M. D.,

Professor of Materia Medica in Birmingham Medical College.

Keratitis, Ulcerative and Non-Ulcerative—Clinical Lecture Delivered at the Birmingham Medical College.

(By L. G. Woodson, M. D., Professor of Ophthalmology Birmingham Medical College.)

Gentlemen: I am glad to be able to present for your examination today several cases, representing different types of corneal inflammation. We cannot over-estimate the value of a practical knowledge of diseases and injuries of the cornea, because they are exceedingly common, and most of them leave behind some opacity, which not only causes serious impairment of sight, but more or less disfigurement of the eye. The principal object of these clinics is to give you an opportunity of observing diseases for yourselves. I wish you to take advantage of the abundant clinical material at our disposal and make a personal examination in each case, and after forming your own conclusions suggest a plan of treatment. From a clinical standpoint, inflammations of the cornea are divided into two general classes—ulcerative and non-ulcerative. We will first consider the ulcerative type, of which we have before you several examples. An ulcer is always preceded by cellular infiltration of the corneal tissue. This infiltration is recognized by its grayish or yellowish tint, and is situated usually in the layers of the cornea near the anterior surface. Soon the epithelium and intervening layers break down, and we have an ulcer established. There are several types of corneal ulcers. Some are known as "simple," and are limited to the anterior epithelium and superficial layers of the substantia propria. They are found chiefly in children of a strenuous diathesis. They yield readily to treatment and leave but little opacity behind. Others are purulent from the start, and tend to spread rapidly over the surface of the cornea, or to penetrate deeply, and, unless quickly checked, lead to perforation, and often to complete destruction of the eye. It is now

generally conceded that corneal ulcers are caused by the entrance into the cornea of certain micro-organisms. Owing to its exposed position, the cornea is frequently wounded by foreign bodies, and it is through these little wounds that infection takes place. The type of the ulcer is no doubt influenced by the nature of the infecting micro-coccus. The symptoms are also subject to great variations in different cases. There may be very little pain and irritation, or the affection may be attended from the beginning by the most severe and acute symptoms. As a general rule, the chief symptoms are congestion, confined principally to the ciliary zone, severe pain in and about the eye, lachrymation, photophobia and reflex blepharospasm.

Corneal ulcers are by far more common in advanced than in early life, and are always a sign of deficient vitality, and this fact should be borne in mind in treating the disease. The dangers to be feared in corneal ulcers are opacities and perforations. When an ulcer begins to heal, the floor, which has been covered with a purulent deposit, begins to clear up, and the infiltration of the surrounding tissue undergoes absorption. The epithelium grows from the margin towards the center and gradually carpets over the floor of the ulcer. Beneath this covering of epithelium the excavation caused by loss of tissue is gradually filled up. Not, however, by corneal tissue, but by ordinary connective tissue, and is therefore opaque, hence the density of the opacity is in direct proportion to the depth of the ulcer. The extent to which vision is impaired depends upon the nature and seat of the ulcer. Those which are situated at or near the center of the cornea are more serious than those near the periphery. The prognosis, as regards sight, is grave in all forms of purulent inflammation of the cornea. Purulent ulcers run a rapid course, and cause great destruction of tissue in a few days. Such ulcers are nearly always accompanied with iritis and hypopyon, and call for prompt and vigorous treatment, as the first case which I present for your examination will demonstrate.

Case 1. This patient is 45 years old, unmarried and a millwright by occupation. He came under my care on October 26, a little more than two weeks ago, suffering greatly from pain in

his right eye. On examination I found a purulent infiltration of the cornea near its center. There was some pus in the lower part of the anterior chamber and a marked tendency to iritis. I applied a pressure bandage, prescribed a 1 per cent solution of atropia, a single drop to be instilled into the eye three times a day, and periodical hot fomentations, and instructed him to return the next morning. On examination the next day I found the corneal tissue had broken down and a deep ulcer had formed. The floor of the ulcer was covered with a purulent deposit, and the surrounding corneal tissue was densely infiltrated with pus. After dropping into the eye a 2 per cent solution of cocaine, I used a sharp curette and scraped away all diseased tissue from the floor and edges of the ulcers and dusted the surface freely with iodoform. The bandage was reapplied, the patient directed to continue the treatment already prescribed, with the addition of a tonic of quinine, iron and strychnine and an ointment of yellow oxide of mercury, four grains to the ounce of vaseline, a small piece to be put inside the eyelids twice a day. On examination the following morning I found the ulcer deeper than on the previous day, and pus infiltration spreading in all directions, and it was with difficulty that the outlines of the iris could be made out. The hypopyon had also rapidly increased and now occupied nearly one-half of the anterior chamber. Being convinced that unless the destructive process was quickly stopped the eye was doomed to destruction, this determined me to resort to "hydraulic curetting," so highly recommended and practiced by Dr. Santarnecchi of Cairo. His method is as follows: A syringe holding about one ounce is filled with a 1-1000 sublimate solution and the jet is made to play on the ulcer with sufficient force to remove all broken down tissue. Not having such a syringe, I used as a substitute Annel's lachrymal syringe with an ordinary hypodermic needle with the point broken off. I succeeded in completely removing all diseased tissue. In order to prevent spontaneous perforation, I decided, in addition to the hydraulic curetting, to do a keratotomy, as proposed by Saemisch. The operation is performed with a Graefe's cataract knife. The knife is entered in healthy corneal tissue on one side of the tissue, is carried through the anterior chamber behind the ulcer and is brought out in healthy tissue on the opposite side. In order to avoid a sudden evacuation of the chamber, the

section should be completed slowly. There was intense pain following the operation, caused chiefly by the strong sublimate solution used for curetting. A drop of atropine solution was instilled, the bondage reapplied and the patient sent home, and directed to report daily and to continue the use of the remedies already prescribed. After the effect of the sublimate solution passed off there was almost complete relief from pain, the progress of the ulcer was arrested, and there has been a steady and uninterrupted improvement ever since. The ulcer, as you see, presents a clean and healthy appearance, all infiltration is being absorbed, the hypopyon has disappeared, and I am certain from present indications that the patient will finally recover useful, though of course not normal, vision.

Case 2. This patient is also suffering from corneal ulcers, and the disease is of an entirely different type from the one we have just examined. The ulcers in this case are secondary; that is, they are the result of granular ophthalmia. You see several small ulcers situated near the upper part of the corneal margin. You will also observe that there is slight pannus in this case, which is the result of the granulations. On everting the upper lids, you can see the granular bodies disseminated over the conjunctival surface. Our treatment in this case should be directed chiefly to the cure of the granulations and to the improvement of the patient's general health, which is very much reduced. In addition to constitutional treatment, I will prescribe a solution of atropia, 4 grains to the ounce of distilled water, to be dropped into the eye twice a day, with an ointment of yellow oxide of mercury, four grains to the ounce, a small piece to be put in the eyes once a day. For the cure of the granulations, we will make daily applications of sulphate of copper to the lids. The lids must be everted and a pencil of copper rubbed lightly over them once a day, or less often, as the condition of the lids may indicate.

Case 3. This case, gentlemen, is an exceedingly interesting one. This boy is 18 years of age. He has been engaged as a cart driver on a railroad which is being constructed near Tuskalooosa. He tells me that about one year ago he was struck in his left eye with a pair of brass knucks, causing complete destruction of the eye. There is one rather large superficial ulcer, situated, as you see, at the lower corneal margin, which was of a semi-purulent character, with several other small infiltrated spots near the upper and inner margin, which are now undergoing absorption. This boy was sent to me three days ago, at

which time the floor of the large ulcer was soft and pulpy. I scraped away with a curette all of the diseased tissue, dusted the ulcer with calomel, prescribed a 1 per cent solution of atropine to be dropped in the eye three times a day, and an ointment of iodoform, twenty grains to the ounce, a small piece to be put in the eye three times a day, and also hot fomentations. Under this treatment the eye has improved very rapidly. There is now little or no irritation, the peri-corneal injection is closing up, repair is going on rapidly in the ulcer, and I think he will be able to return home in a few days with good sight.

Case 4. This man is 24 years of age, unmarried, drayman by occupation. He is suffering from corneal inflammation of the non-ulcerative type, known as "chronic interstinal, or parenchymatous keratitis," and in most cases this affection is a local manifestation of some constitutional dyscrasia, usually syphilis, either congenital or acquired. This case is from acquired syphilis. Both eyes invariably become affected, though not simultaneously, the interval may be weeks or months. The onset of the disease is preceded for a few days by more or less irritability, lachrymation and slight peri-corneal injection. The affection, when caused by congenital syphilis, occurs generally in young persons, between the ages of 5 and 20. The corneal opacity commences usually near the periphery and gradually extends towards the center. The inflammatory process continues until the corneal becomes opaque throughout and presents the appearance of ground glass. The disease runs a slow course, requiring usually several weeks for the whole corneal to become opaque. Then it remains stationary for a few weeks before absorption commences, which begins at the corneal margin. At first there is a zone of clear corneal tissue at the periphery, which gradually becomes broader until the whole cornea closes up. The entire process from start to finish requires from two to six months or more. The prognosis in these cases is good, the vision, in most cases, being restored to normal. Constitutional and local treatment are both indicated. During the active stage soothing remedies alone should be used.

Owing to the tendency to iritis in this disease, a 1 per cent solution of atropia should be dropped into the eye twice a day. After the acute stage has passed the yellow oxide of mercury should be used once or twice a day to stimulate the absorbents to take up the products of inflammation. Mercury should be given internally in alterative doses for several months, combined with tonics, particularly with ænemic children.



❖ TERMS—YEARLY SUBSCRIPTIONS IN ADVANCE \$2.00. ❖

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Antitoxin.

Henry R. Slack, Ph. M., M. D., of La Grange, Ga., expresses (Atlanta Medical and Surgical Journal, November, 1897) a high opinion of antitoxin as a preventative and curative agent in the treatment of diphtheria. His own experience in private practice bears out fully the favorable reports made to the American Pediatric Society by its special committee, and the clinical cases recited by him testify to the prompt and powerful action exerted by antitoxin on both the local and constitutional symptoms of the disease. Dr. Slack concludes that the Anti-Diphtheritic Serum should be administered freely and promptly, as the loss of twenty-four hours may mean the sacrifice of a life. He recommends doses of from 1000 to 2000 units, according to the severity of the case, to be repeated in twenty-four hours if improvement is not manifest. A third dose may be given with per-

fect safety. Dr. Slack urges the use of the most concentrated strength of an absolutely reliable preparation. In his own cases he used Diptheria Antitoxin of both foreign and domestic manufacture. He prefers that prepared by Parke, Davis & Co. for two reasons: 1. It is put up in hermetically sealed, large necked glass bulbs. 2. It can be obtained fresher, thus increasing its reliability.

Dr. Slack's article bears out the many tributes that have been paid to the Anti-Diptheritic Serum of Parke, Davis & Co. on the score of its entire freedom from fatalities, casualties or complications of any kind, its great concentration and the promptness with which its curative powers are manifested.

National Quarantine.

It is one thing to be dissatisfied with existing conditions and quite another to suggest a remedy. To the general public it seems evident that something better than our present system of quarantine should be given them. There are few people who think logically and rationally during a panic, and the public not being always sufficiently informed on existing conditions, are sometimes unreasonable in their demands. They expect too much. But in this instance I am with the people. Because more efficient work is, perhaps, being done in matters sanitary than at any period of our history, it does not follow that there is no room for improvement. The epidemic of yellow fever, now perhaps a thing of the past, obtained a foothold before we were aware of it, and has set the people to thinking. At a recent meeting of the Commercial Club of Birmingham, Ala., a Jewish banker offered some resolutions advocating a national quarantine, criticising severely the present system, and roundly berating the physicians for their inability to make prompt diagnosis, etc. Now, I feel safe in saying that the author of the resolutions knows but little of the real conditions, and less of the nature of yellow fever and the ability of the physicians to handle it. But these things go out through the press to the people, and they have their influence. They are the straws which show the course of the wind.

In addition to yellow fever the Gulf States have during the past year been afflicted with an epidemic of smallpox, brought into this country from Mexico by negroes who had been carried into Mexico to work on public works.

This epidemic of smallpox might have been avoided under proper quarantine regulations.

I am in favor of a national quarantine system.—Dr. S. L. Ledbetter, in the New York Daily Lancet.

The St. Louis Meeting of the Southern Surgical and Gynecological Association.

The Southern Surgical and Gynecological Association held its tenth annual meeting in St. Louis on the 9th, 10th and 11th instants. This was one of the most successful sessions in the history of the organization. Many excellent papers were read and ably discussed. The work was of a high order, and will make an excellent Volume of Transactions. The Southern Hotel was headquarters for the members, and the committee of arrangements left nothing undone in the way of entertaining the Association. Alabama was represented by the following members: Drs. James A. Goggans, J. J. Harlam, Dyer F. Talley, Wyatt Heflin, R. M. Cunningham, J. D. S. Davis and W. E. B. Davis.

The following officers were elected: President, Dr. Richard Douglas, of Nashville, professor of gynecology and abdominal surgery, Vanderbilt University; vice-presidents, Dr. H. H. Mudd, of St. Louis, professor of surgery, St. Louis Medical College, and Dr. James A. Goggans, of Alexander City; secretary, Dr. W. E. B. Davis, of Birmingham, professor of gynecology and abdominal surgery, Birmingham Medical College; treasurer, Dr. A. M. Cartledge, of Louisville, professor of gynecology, Louisville Medical College. Members to fill vacancy on council, Dr. George Ben Johnston, Richmond, Va., professor of surgery in Virginia Medical College, and Dr. L. M. Tiffany, professor of surgery, University of Maryland. The other members of the council are: Drs. L. S. McMurtry, Louisville; E. S. Lewis, New Orleans; George J. Engelmann, of Boston, formerly of St. Louis.

The next meeting will be held in Memphis, Tenn., the second

Tuesday of November, 1898. Dr. R. B. Maury is chairman of committee of arrangements.

Alabama should feel especially proud of this great Southern organization, for it was founded in this State.

The Age will publish an abstract of the proceedings of the St. Louis meeting.

Interdum Stultus Bene Loquitur!

The following ideas cover, in our opinion, the only sensible way to manage the question which has arisen in the public mind, viz: "How are we to protect our homes, in the future, from the visitation of pestilential diseases, diseases exotic, and which are introduced from foreign lands?"

Millions of money could be expended annually, and rightly, upon the sanitary needs of cities, towns and villages; rightly, we say, because—humanity aside—the healthfulness and prosperity of every community represents a money value to the general government! Therefore, they should be preserved at the expense of the government itself! To effect this, the government should have the full control of a class of health officers, and they should be made responsible to a proper department at the seat of government! There should be a "Secretary of Health" added to the President's Cabinet, and his position should be so defined by an act of Congress as to exclude any possibility of a political influence being brought to bear upon his office! And whilst we would not advocate the abolishment of state and municipal boards of health, but would advocate that state and local boards should be subservient to a National Board, which should control marine and interstate commerce and quarantine! To do this effectually, the National Health Board should be formed of well known Sanitarians, whose legal adviser should be the Attorney General of the United States, and presided over by the Cabinet officer—"The Secretary of Health!" The quarantine guards of our Gulf and Atlantic coast, very properly, might be our revenue cutters, and they under the control of the Marine Hospital Service, which by an act of Con-

gress should be empowered to watch the introduction of all vessels coming into our country from foreign lands, between the 1st of May and the 1st of November of each year. This quarantine system, by the revenue cutters, being under control of the Marine Hospital Service, should be subservient to the orders of the National Board of Health, issued through the headquarters of the Secretary of the Treasury! All quarantine stations along our gulf and other sea lines should be situated beyond easy access from the coast, and non-intercourse with them, from all and every place, be prohibited under penalty of heavy fine and imprisonment! That is to say, non-intercourse with these stations during the time of quarantine, save by proper officials, whose duties may necessitate their visits. The quarantine physicians selected for these stations may be taken, as deemed best, from the medical corps of the Army, Navy or Marine Service—essential that they be officers of the government and not “hired for a term of service from civil life!” “The quarantine inspectors” sent to Central and South American ports, as agents of the states, or state boards, to look after health certificates of vessels or their passengers and crew, should be known qualified physicians, not first course medical students of this, that or the other medical school which may desire to give a favored student a chance to travel, read and rusticate during the interval between college terms! No health certificate issued to any vessel during a quarantine season from any South or Central American port by a casual or incompetent, so-called medical agent should be regarded as of the least value by the medical officer of the revenue cutter which boards them at our sea line!

The Tri-States Medical Association of Alabama, Georgia and Tennessee.

The Southern Practitioner, speaking of this Society and the recent meeting, says:

This active and progressive organization of the medical men of Alabama, Georgia and Tennessee, held a very interesting and enjoyable meeting on the 12th, 13th and 14th of October, in Nashville. The meeting was called to order by the President,

Dr. W. F. Westmoreland of Georgia, at 10 a. m. Tuesday, in the comfortable little auditorium of the Tulane Hotel. After prayer by Rev. J. B. Hawthorn, an address of welcome was delivered as he only can, by Hon. Robert L. Taylor. Dr. Westmoreland replied to the address of welcome, and then as the first order of business, proceeded to give some very excellent remarks on the subject of carcinoma of the breast, detailing Halstead's operation and calling attention to the prime necessity of removing every prestige of malignant growth or infection. The paper was discussed by Drs. Sherwood Dunn and R. M. Cunningham.

The other papers and addresses that followed during the several sessions were as follows:

An extemporaneous lecture on Psychology, by Dr. J. B. Cowan of Tullahoma, which was discussed by Drs. G. W. Drake, W. F. Westmoreland, W. Frank Glenn, Paul F. Eve, Dunn and William James Evans.

A paper by Dr. Seale Harris on Vaccination, and the Antiseptic Theatment of Smallpox, as a method of preventing pitting and secondary infection, fever, etc. Discussed by Drs. Cunningham, F. T. Smith, Cowan and Harris.

The Pathology and Diagnosis of Early Phthisis, by Dr. L. P. Barbour of Tullahoma; discussed by Drs. Paul Paquin, Dunn, Boyd, Padgett and Westmoreland.

Sero-Therapy in Tuberculosis, by Dr. Paul Paquin of St. Louis, Mo., in which he said, "The use of serum seems to promise much, as all other remedies have failed. Tuberculosis is a mixed infection, and, with the bacilli, are found other germs. The nature of the mixed infection should be determined by the microscope. This is as important as the use of the microscope in the early stage. There is no one treatment applicable to all cases of tuberculosis. In mixed infection the serum should be prepared to meet the case. Hygienic measures should be employed and climate considered. The altitude is of little importance." He advocated hydropathy, massage and dieting. Sugar, fruits and cream was better than cod liver oil. Fish and eggs were good food. Whisky and tobacco should be prohibited.

Drs. R. M. Cunningham, L. B. Graddy, J. A. Witherspoon and L. P. Barbour discussed the paper at length.

The Causes, Diagnosis and Prognosis of Valvular Diseases of the Heart was the title of the paper read by Dr. Hazle Padgett of Columbia, Tenn.

Appendicitis, by Dr. J. A. Goggans of Alexander City, Ala.

The Relation of the Cause to the Immediate and Remote Results of Fracture, by Dr. R. M. Cunningham of Birmingham, Ala., was discussed by Drs. Brown, Murfree, Padgett and Stewart.

An address on Treatment of Cancer of the Rectum, by Dr. J. M. Matthews of Louisville, Ky., was discussed by Drs. Cowan, Davis and Brown.

Metatarsalgia, or Morton's Painful Toe, was the title of a paper read by Dr. George S. Brown, of Birmingham, Ala.

The Pathology of Functional Nervous Diseases, by Dr. F. X. Dercum of Philadelphia, was the title of a most excellent paper that attracted considerable attention, and was discussed by Drs. Cowan, McMurtry, Cunningham and Savage.

The Application of Plaster Dressing was exemplified by practical application by Dr. F. B. Sloan of Cowan, and commanded favorable comment by Drs. Duncan Eve and Cunningham. Dr. Sloan placed a subject in his apparatus, which consists of a cotton-flannel hammock, which becomes a part of the dressing, and proceeded to apply the necessary bandages, showing its advantages over the method of suspension by the neck in applying the plaster-jacket, and its applicability in applying plaster dressings to the body or lower extremities.

The Treatment of Typhoid Fever was read by Dr. John A. Larrabee of Louisville, Ky., in which he advocated strongly intestinal antiseptics, commending highly the aromatics, etc. It was discussed by Drs. Duncan, Sutton, Duggan, Drake and Witherspoon.

A paper on the Use of the Cystoscope in the Diagnosis of Bladder and Urethral Diseases was read by Dr. W. R. Blue of Louisville, and discussed by Dr. W. F. Glenn.

Dr. W. D. Haggard, Jr., of Nashville read a paper on the Evolution of Treatment of the Stump in Appendicitis, and was followed by a general discussion on appendicitis, participated in by Drs. Davis, Witherspoon, Frank and Goggans.

Hysterectomy, Dr. Louis Frank of Louisville, Ky., brought out a free discussion, participated in by Drs. McMurty and Dunn, agreeing with the author in giving priority to the abdominal route, while Dr. W. D. Haggard, Jr., was not only enthusiastic, but logical in his advocacy of the vaginal method.

A paper on Abdominal Metabolism, was read by Dr. G. W. Drake of Chattanooga and discussed by Dr. Cowan.

Dr. L. B. Graddy presented a patient on whom he had operated for Purulent Infection of the Brain Due to Acute Inflammation of the Middle Ear. The history of the case was given, the operation detailed, and after the patient was examined by a number of the gentlemen present, the case was discussed by Drs. Steele and Smith.

A paper on the Practical Application of the Microscope in Every Day Practice, by Dr. J. W. Hooper of New Site, Ala. elicited some very witty and amusing remarks on the part of Dr. Cunningham.

A Bouquet of Remedial Agencies, by Dr. John P. Stewart, consisted of the clinical reports of four cases of nervous diseases related in a most graphic and entertaining manner, in which he called marked attention to the mental effects produced on a patient as no less essential than the administration of drugs. It brought up again the subject of psychology, and the effects of mind over matter, materialism, etc., in which quite a number of those present participated.

A paper on Formaldehyde as a Disinfectant was read by Dr. C. M. Drake of Atlanta and discussed by Dr. Frank Trester Smith and Dr. J. W. Hooper.

Dr. Drake introduced the following resolutions, which were adopted:

Resolved, That the recent outburst of yellow fever in the South and numerous conflicting State and municipal quarantine regulations, emphasize the great need of national quarantine laws, which are uniform and protective; and

Resolved, That the Tri-State Medical Association, in convention assembled, urge upon the members of Congress the need of laws governing quarantine in the development of cholera, fever, smallpox and the plague.

The evening of Tuesday was spent by the members at the Centennial Exposition, and also the afternoon of Wednesday, where a luncheon tendered by the Nashville physicians to the visiting members at the Lion Roof Garden, was participated in by about 200 members and their wives. Dr. W. D. Haggard, Jr., served most admirably as toast-master, and excellent remarks were made by Drs. Cowan, Matthews, Paquin and others.

At the close of the exercises on Wednesday evening the X-Rays were exhibited by means of a very powerful apparatus, and broken bones, deformities, etc., as well as the outlines of the heart and the movements of the diaphragm were made very apparent.

The meeting altogether was a most excellent one; the papers and addresses were able and fully up with the most advanced thought and progressive ideas of the day, and elicited much beneficial discussion and elucidative comment.

The officers elected for the ensuing year were as follows: President, J. A. Goggans, Alexander City, Ala.; vice presidents, Andrew Boyd, Scottsboro, Ala.; G. W. Drake, Chattanooga; C. M. Drake, Atlanta; secretary, Frank Trester Smith, Chattanooga; treasurer, George R. West, Chattanooga. George S. Brown of Birmingham was elected chairman of the committee on arrangements. The next place of meeting: Birmingham, Ala.

We honor the pastors of flocks in the cities stricken with yellow fever, that they have remained at their posts of duty and stood by their people in their time of distress. Some have fallen—Father Murray, of the Catholic church in Mobile, and Dr. Purser, of the Baptist church in New Orleans. It is always a grief when a brave and conscientious man dies, but it is better to die so than to live by being recreant to a sacred trust. Of all men, ministers and doctors are most censured by public opinion for fleeing from an epidemic. And public opinion is right. They are the men who are most wanted in times of sickness and sorrow. But just in proportion as they would be censured for fleeing should they be honored for standing by their people and being faithful to duty. It is rare that a doctor will desert his people in an epidemic. As a class, they are a noble set of men, receiving less recognition for their professional fidelity than they deserve.—Alabama Christian Advocate.

Necrological.

DEATH OF DR. CHARLES WHELAN.

We are called again, so soon after the death of one who long participated with us as a society in our work, to chronicle the passing away of another, Dr. Charles Whelan, who for a still longer period of time had held with us a continuous membership.

Always interested in whatever pertained to the advancement of a true medical science, he gave from time to time with his facile and scholarly pen studies in medical literature that exacted attention by their research and thoroughness, mingled often with a vein of rich and kindly humor as he touched the foibles and follies of the day. Whatever cause he espoused he brought to it a thoroughness of investigation that commanded respect from those who might most widely differ with him in his conclusions. A student with a mental tone that demanded a reason and ultimate analysis to satisfy his investigations, he was not easily at rest in his quest until he attained the light.

As the years went by and other cares pressed on him, his mind still sought relief in study. For long months before his death he knew the end could not be far away. With calmness he said, "I think I have received the fatal shaft," and looked forward to the inevitable, and discussed those problems of faith that looked out into the illimitable future.

A physician whose friendship with his friends was warm, a scholar of mark, a friend—has now his surcease from earth's care and sorrow, rest from its sickness and pain. Therefore be it

Resolved, That in sincere sympathy we offer to his family, as a society, our assurance of regret at their and our loss; be it further

Resolved, That a copy of these resolutions be forwarded by our secretary to the family, be recorded in our minutes and a copy furnished to the *Alabama Medical and Surgical Age* for publication.

Editorial and Miscellaneous Notes.

Dr. Thomas R. Ward, a prominent physician of Greensboro, died on the 15th of this month. Dr. Ward was 71 years of age.

If the druggist found that every attempt at substitution cost him the physician's patronage, he would soon become tired of it, and would supply exactly what prescriptions call for.

Dr. T. H. Tupper, Harrington, Me., says:

"A young lady of eighteen, among my patients, developed a case of consumption and lost flesh. I put her on the Aseptolin treatment. Her appetite increased greatly, and today she is able to be up and is evidently gaining rapidly. There is a remarkable change for the better—one I can really call marvelous."

Epilepsy, especially the hereditary non-traumatic form, in nine out of ten cases is due to syphilis. In such cases the bromides, even if administered in large doses, are useless; the attacks return as soon as the effect of the sedative has come off, necessitating larger doses—something that should be avoided. Alterative treatment is a good deal more rational, and under proper alterative medication better results can be obtained. Henry's Tri-Iodides, while a powerful alterative, is a palatable elixir which can easily be administered, even to small children. We have observed no ill effects from its constant administration

Acute Cystitis—Resulting from gonorrhea and presenting symptoms of distress and pain over pubes, frequent and urgent inclination to micturate, urine cloudy and depositing slight amount of mucous on standing.

Chronic Cystitis—Resulting from enlarged prostate, retained or altered urine, or from gout or nervous derangement—mucous of mucopus rendering the urine more or less cloudy or opaque.

Treatment—In addition to the mechanical treatment, usually essential in the management of disorders of this class, the administration of Lambert's Lithiated Hydrangea is often of the greatest service. A practitioner of wide experience says: "I

have used Lambert's Lithiated Hydrangea on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis-urica, nephritic calculus and functional disturbances of the renal system, with excellent results, and I consider it a valuable remedy for normalizing the renal function, for promoting the active elimination of uric acid and to calm the congestive conditions of the kidneys and of the urinary mucous membrane."

"GRIP."

C. A. Bryce, A. M., M. D., Richmond, Va., editor of the Southern Clinic, in writing upon the above subject, during an epidemic of la grippe, said:

"For the past four weeks or more we have met with five times as much grip as anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved have been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism, hepatitis and gastric congestions have been of far greater frequency, while in all the nervous system has been seriously depressed.

"The fatalities from pneumonia, meningitis and other complications have been fewer, showing plainly that we are gradually gaining an immunity from this zymotic invader. With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nervous sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encourage action of skin and kidneys, with possibly minute doses of blue pill and quinine or calomel and salol. We have found much benefit from the use of antikanmia and salol in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from antikanmia and codeine. Throughout the attack, and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time."

ERRATA.

In Dr. Wyman's department, we note the following typographical errors too late for correction in the proof: In one place, coaneal, should be *cornea*; strenuous, should be *strumous*; bondage should be *bandage*; conguita, should be *congenital*. "Until the corneal becomes opaque," should be *cornea*, and not corneal. "The whole corneal to become opaque," should be *cornea*.

Now is the time to pay and renew subscriptions.

Dr. Agnew, of Fayette, Ala., died November 12. Dr. Agnew was a true friend to the Age, having been one among our first subscribers.

A KIND WORD.

One of the leading physicians of Meridian, Miss., under date of the 5th instant, in a personal letter, says of the Age: "Your journal improves with each issue, and is in my opinion decidedly the most readable journal published in the South. The series of articles being written by Dr. C. H. Mastin, of Mobile, are highly interesting, and worth many times the price of your journal.
* * * "

Dr. W. H. Sanders, our efficient State Health Officer, has during the past three months been faithful in the discharge of his duties as the guardian of the public health. Regardless of the danger to his own life, he has faced this responsibility, and the wise and conservative methods adopted by him have been the cause of saving many lives and a great saving of property to the people of the State. He deserves the endorsement of the medical profession and all the people of the State of Alabama.

The recent marriage of Dr. W. H. Wilder and Mrs. Peter Zinszer was one of the most notable that has taken place in Birmingham this year. Dr. Wilder is prominent in the medical profession, is city physician, is a graduate of the University of New York and also of West Point, and a native of North Carolina. His father was a leading railroad president of the "Old North

State," and his family is old and distinguished. Dr. Wilder's bride was a handsome young widow, prominent in church and social circles, and the relict of the founder of the prosperous furniture house so well known in this section. Dr. Wilder's brother physicians congratulate him on his good fortune.

GONORRHOEA, GLEET AND LEUCORRHEA.

Kennedy's White Pinus Canadensis gives perfect satisfaction in gonorrhea and gleet; have used it in cases within the last six months that resisted all other remedies. Have also used it successfully in cases of leucorrhea and ulceration of the os uteri. I am highly pleased with its effects, and certainly recommend it to the profession. The White is preferable—leaving no stain on the clothing.—J. R. Wilcox, M. D., Colorado Springs, Colo.

SANMETTO IN CYSTITIS, PROSTATITIS AND GONORRHEA AND IN ALL IRRITABILITY AND INFAMMATION OF THE GENITO-URINARY TRACT.

In my practice the administration of Sanmetto has given excellent results. I have found it unequalled in cases of cystitis and prostatitis, and all cases of irritability and inflammation of the genito-urinary tract. In many cases of gonorrhea I have used it with excellent satisfaction. I am pleased to recommend Sanmetto to the profession as a preparation which has proven invaluable to me in treating the above named conditions.

C. W. Shaver, M. D.

Jackson, Mich.

Sayreville, N. J., June 20, 1897.

Kress & Owen Company, New York City—

Gentlemen: Sometime ago I wrote to you in regard to a severe case of nasal catarrh, and asked you to send me a sample, which you kindly did. I now have the pleasure to state to you that the patient says he is entirely well. The patient, a young man of nineteen, had German measles, and the catarrh was the sequel. He simply neglected it until it was impossible to breathe through the nose at any time, day or night, for a year. He has used only the one bottle of Glyco Thymoline (Kress) you sent

me, and now says he can breathe as good through his nose as ever he could, and no discharge. It has been now two months since he finished the Douche. I write you this because I think it is due you.

I shall use Glyco Thymoline (Kress) in any severe case of catarrh I have in conjunction with my other remedies.

Yours very truly,

J. H. Beekman, M. D.,
Sayreville, N. J.

CAROID.

Dr. James S. Kennedy, of Chambersburg, Penn., writes Chas. Roome Parmele Company, New York: "I am of the opinion that the Charles Roome Parmele Company should be considered public benefactors for placing upon the market such a splendid article as Caroid. The reason for my opinion is just this: From my childhood I have never been able to eat onions without experiencing the most terrible oppression. When I had read the statement that one should eat of the things which did not agree with their stomach and then take Caroid, the aforesaid company agreeing to pay all doctors' bills, I concluded that Caroid would be a good thing to have in the office when business was quiet and give the article to my friends to try. I did so, thinking that they would speedily come back for a remedy to cure the indigestion. Not so, however; they came back for more Caroid, and there were no deaths; thus I concluded to try it on myself. I feel that now I can defy the pangs of indigestion and shake my fist under his nose with impunity, knowing that he has no terrors for me or mine."—Ex.

TOPIC OF THE TIME.

A suit to recover \$40,000 damages for alleged libel, brought by Joseph A. MacKeown, an optician of No. 24 East Forty-second street, New York, against Dr. Frank Van Fleet, who, in an address before the Medical Society of the County of New York, had spoken of him by implication as a quack, was tried recently in the United States Circuit Court before Judge Wallace and a jury.

Dr. Van Fleet is chairman of the committee on legislation of

the Medical Society of the County of New York, and in the course of his official duty as such comes in contact with, and naturally incites the displeasure of, each and every person who is attempting to relieve human ills by irregular and illegal measures.

The remarks complained of were made in the course of a debate over the admission to the columns of the Medical Record of an advertisement of MacKeown's, and was reported in the newspapers. In it Dr. Van Fleet said: "I have been told the case of a man, a druggist, who died of Bright's Disease. He told me he had seen this advertisement in our journal, and, thinking it had our endorsement, had his eyes treated for this trouble. I hold that the advertisement was the means of hastening his death at least. A man who says he can do all things this man says he can, can do more than any physician, and he is a quack. The medical journals are overrun with these meretricious advertisements, I am sorry to say, but I want our own to be free from them. It seems to me that when a person not a physician advertises to cure headache, nervousness, sore eyes, neuralgia and other things by putting on glasses, then he violates the law as a quack. Such advertisements should be withdrawn from medical journals. If there is no legal right to withdraw them, then there is a moral right. The whole country is teeming with such quackery, and, what is worst of all, when such advertisements appear in a medical journal, and especially in our own publication, it appears to have our endorsement."

Dr. Van Fleet, at the trial, testified in his own behalf that he did not know that reporters were present when he addressed the County Medical Society. He said that he spoke of MacKeown as he did for the reason that the latter advertised to do what he had no right to do, not being a licensed physician. Judge Wallace directed a verdict for the defendant.

Dr. Van Fleet is an able and fearless champion of the right, and deserves to be continued on the legislative committee as long as he will consent to serve. The Journal congratulates him upon winning the suit above referred to.—*Buffalo Medical Journal*.



The Demon Alcohol.

Dr. F. E. Daniel, in delivering the welcome address to the Woman's Christian Temperance Union at a meeting recently held in the city of Austin, said:

Assured, as you are, of the sympathy of the better element of the medical profession in the grand work for humanity you are doing, I am here to pledge you their aid, support and co-operation, and to bid you God speed. The medical profession are fast becoming your allies in the great Temperance Reform movement. Satisfied, as many of them are, from long experience and observation, that alcohol is not an absolutely indispensable requisite in therapeutics, they are prescribing it less and less each year. That it has its uses, and employed with judgment and discretion, it is a valuable resource in medicine, cannot be denied; but under the erroneous impression that it is a food and stimulant, it has been greatly abused, and I have seen it administered in such excess that the "remedy" has overshadowed the disease, and the patient, instead of dying of pneumonia, for instance, has died of acute alcoholic poisoning. Every well read physician knows that only about two ounces of absolute alcohol can be consumed, burned, in the human stomach, appropriated to the uses of the economy in twenty-four hours; and any amount given in excess of this enters the blood unchanged, and becomes a poison, the elimination of which devolves upon the heart, liver, lungs and kidneys, frequently overwhelming them and causing death. I have said that alcohol is not a food nor a stimulant. This will be a surprise to many, for it has stood at the head of the list of stimulants from time im-

722 *The Alabama Medical and Surgical Age.*

memorial. It is not a food, but by lessening the tissue waste ("metabolism" technically), it lessens the demand for food. After a brief exaltation or stimulation, whereby the physician is enabled, often, to bridge certain crises, alcohol becomes a powerful depressant of vital power, and it is the experience of the best observers, that those who use it habitually, even in moderation, can do less work, sustain less fatigue, and withstand exposure less than those who do not use it, and the power of resistance to disease is less; when attacked with disease the former yield, when the latter would recover.

A gratifying sign of the times, and one which should give us great encouragement, is the marked decline in the consumption of alcohol throughout the world. It has been greater in America than elsewhere, and, since 1888, amounts to about 30 per cent, nearly one-third. That is, as compared with 1888, the total consumption of alcohol in the United States in 1896, is one gallon per capita less. Think a moment what this means. There are 70,000,000 population in the United States. That indicates that 70,000,000 gallons of alcohol less were consumed in 1896 than in 1888. Suppose that there is one man to every seven of the population. It means that each man drank in 1896 seven gallons less than formerly. It means that 70,000,000 gallons of alcohol (absolute "proof spirit," from which liquors are made, diluted), at, say \$2 per gallon, represents a saving on this commodity of \$140,000,000, a sum sufficient to build thirty granite palaces like the capitol at Austin; a sum sufficient to support every Christian minister in the world.

Soldiers of the Grand Army of Temperance, you are engaged in a crusade almost as sacred as that which, in the twelfth century, had for its object the rescue of the Holy Sepulchre from infidel hands. In those days the men, husbands, brothers, sons, lovers, fired by religious zeal, were sent forth by the women, consecrated to the cause by their prayers, tears and blessings. Today the women, enlisted under the banner of Temperance, and in the name of humanity, go forth to battle, and the men look on and applaud. You have a foe to meet, more terrible, more remorseless than Saracen; a despot, who annually de

mands and destroys the souls and bodies of thousands of our brightest and best. You are invading the domains of the demon Drink. You are to assault the stronghold of the Devil in his favorite role, the whisky traffic; a stronghold entrenched behind millions of capital and fortified by political power. The struggle will be long and bitter; but as there is a just God, who controls the destinies of man, whom He created for a nobler fate, the victory will be yours in the end. Do not despair.

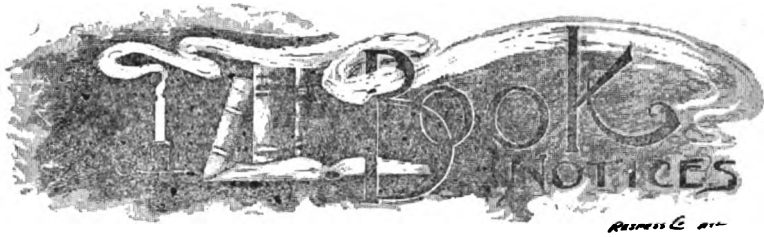
We read in ~~Grecian~~ *mythology*, that in prehistoric times there was, in the Isle of Crete, a monster of most hideous mien, half man and half beast—a fitting emblem of ~~drunkenness~~, the fabled Minotaur—who terrorized the inhabitants of that country. He devoured human beings and demanded tribute in flesh and blood, and annually Athens paid the terrible tax, by a levy on the youths and maids of Greece. God raised up a deliverer, however, and the monster was slain by the young Greek, Theseus. But, to a woman belongs the victory; it was a woman, the beautiful Princess Ariadne, who put into his hands the sword with which the monster was slain. She gave him, too, a thread, by following which he might escape from the Labarynth, the home of the monster, one from which no living human being had ever escaped. For his valor the princess rewarded Theseus with her hand in marriage. You, women of the Christian Temperance Union, have just such a monster to encounter and overthrow—the modern Minotaur, the demon Drink. He has his gilded labarynths, the infernal saloons, in every village, town, city and hamlet in the civilized world; in some towns three or four to every street. Woe to the unwary who enter there, for there is no thread that will ever lead him to freedom when once entrapped in these gilded hells. They sing the siren song to our youth. They are made seductive by bright lights, pretty pictures and the strains of sweet music. It may well be inscribed over the portals:

“Who enters here, leaves hope behind.”

And yet, legislation is powerless to mitigate the evil. Prohibition does not prohibit, taxation does not lessen the sales. The

falling off in the annual consumption of distilled spirits alluded to above cannot fairly be attributed to any restrictive legislation. (It must be remembered that all manufactured spirit is not consumed by drink, but a large part is used in the arts and sciences.) It is human nature to want that which is hard to get, and it is man's nature, some men, at least, to have whisky at whatever cost, regardless of the privation and suffering the indulgence of their accursed appetite entails on their innocent dependent ones. ~~The higher the price of whisky, the more money is spent for it. The press attributes the decline to hard times. It is a mistake. Why not give the advance in civilization, the temperance reform movement, the Woman's Christian Temperance Union, and doctors, credit for part of it, at least? Public sentiment has had a great deal to do with the lessening of drunkenness. Twenty years ago the habit of treating was almost universal. It was a courtesy, which, when extended, few dared refuse. It required a brave man to decline to drink when asked. It gave offense, and not infrequently led to strife. It was not uncommon to see our best citizens enter saloons, and to see them more or less under the influence of liquor. Now, no self-respecting man will enter a saloon. No business man will employ a drunkard. I believe that the saloon is still the great evil of the day, and is responsible for more misery, sin and suffering than all other curses combined. But, how deal with it? There is but one way—make it unpopular. Make it odious. Let drunkenness and dishonor be synonymous. Let the odor of liquor on the breath be a badge of disgrace. Let every young woman pledge herself that she will not receive the attentions of no man on whose breath is the taint of the accursed, soul-destroying poison. In this way the youth, at least, can be saved from the dangers of drink.~~

May some fair Ariadne be raised up among you to place in your hands the consecrated sword of Theseus, with which, at one stroke, the demon drink may be destroyed and man forever ransomed from the thralldom of his power. May God give you grace and strength to strike till the shadow that now enshrouds so many homes may be lifted. May He hold up your hands, "even to the going down of the sun," and the battle is won—for Christ and humanity.



Eye-Strain in Health and Disease, with special reference to the amelioration or cure of Chronic Nervous Derangements without the Aid of Drugs, by Ambrose L. Ranney, A. M., M. D., author of "Lectures on Nervous Diseases," "The Applied Anatomy of the Nervous System," etc., etc.; late Professor of Nervous Diseases in the Medical Department of the University of Vermont, and of the Anatomy of the Nervous System in the New York Post-Graduate Medical School, etc. Illustrated with 38 wood cuts. One volume, royal octavo, pp. viii-321. Extra cloth, beveled edges, \$2 net. The F. A. Davis Company, publishers, 1914 and 1916 Cherry street, Philadelphia; 117 West Forty-second street, New York; 9 Lakeside Building, Chicago.

The author of this valuable book devotes his attention to "Eye-Strain in Diseases," and gives important suggestions and observations. He does not treat of "Eye-Strain in Health," perhaps for the reason that he deems nothing in health demands "treatment." He admits that the exhaustion of the nervous energies renders persons susceptible to disease. Any irritation has its deleterious effect on the nerve centers. There are many who deny that eye-strain has a tendency to cause consumption, while others contend that it has. Not every reader will agree with Dr. Ranney in all the views he advances, but no one can read the book without profit.

Lectures on the Malarial Fevers, by William Sydney Thayer, M. D., Associate Professor of Medicine in the Johns Hopkins University. D. Appleton & Co., New York.

Johns Hopkins University deserves the thanks of the civilized world for the proficiency of its special departments, and scientists by the aid of facilities there supplied have prosecuted their

investigations to the advantage of civilization. Thayer and Hewetson have reaped the full value of the facilities offered at Johns Hopkins University, and their lectures on malarial fevers are received with the greatest attention. The book under review embodies the best results of Thayer's investigations. The book is up to date and the style delightful. The facts presented are novel, but no less true. Thayer ranks among the leading investigators in this line, which has attracted so many bright minds.

The Origin of Disease, especially of diseases resulting from intrinsic as opposed to extrinsic causes, with chapters on diagnosis, prognosis and treatment, by Arthur V. Meigs, M. D., Physician to the Pennsylvania Hospital, with one hundred and thirty-seven illustrations. Philadelphia: J. B. Lippincott Company. 1897.

This book places before the reader in a concise and well arranged form, 15 chapters beginning with the origin of disease and clearly discussing and presenting proofs of the author's idea, down through the treatment of chronic diseases. The chapter devoted to the origin of diseases has much of marked information regarding the intrinsic and extrinsic diseases, and diagnostics in a lucid manner each distinctively and also their relationship to the other. The author clearly points out by forceful argument that chronic diseases are not dependent upon the one supposed organ for its developmental manifestations, but that there may be other organs affected even before the one that gives rise to the immediate break down, and gives numbers of illustrations where other organs were examined and found to be in a diseased state further advanced than the symptoms would lead the diagnostician to believe, which emphasizes in the most positive way the inadequacy of the view that a certain disease is essentially a disease attributed to one certain organ.

The book is neatly bound and contains 224 pages and 137 illustrations.—G. C. C.

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